



**Fire Department Insurance Program**

# Eligibility Application

Add Coverage       Change Coverage       Delete Coverage      Reapplication

<b>Liability coverage</b> While acting within the scope of duties, protects from actions brought by a third party for:	
<input type="checkbox"/> Vehicle & General Liability	All incidents
<input type="checkbox"/> Vehicle Liability	Motor vehicle incidents
<input type="checkbox"/> General Liability	Incidents not involving a motor vehicle
<b>Property coverage</b>	
<input type="checkbox"/> Building and Contents coverage	
<input type="checkbox"/> Auto Physical Damage coverage	
Name of District: _____	
Name of Fire Protection Organization: _____	
Mailing Address: _____ _____	
Type of fire protection Organization: <input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer	Title you are formed under: <b><u>Supporting documentation must be attached.</u></b> <input type="checkbox"/> 11 <input type="checkbox"/> 18    or <input type="checkbox"/> 19
<b>ORGANIZATION INFORMATION:</b>	
Number of fire fighting personnel: _____	Type of fire protection organization: <input type="checkbox"/> FullTime      or <input type="checkbox"/> Volunteer
Number of fire fighting personnel authorized to drive fire vehicles: _____	

**Mayor, Administrator, Chairman of the Board, Director, or President (must be signed)**

\_\_\_\_\_  
Signature (required)      Printed Name      Title      Date

**Fire Department Chief**

\_\_\_\_\_  
Signature (required)      Print Name      Day Phone Number      Date

\_\_\_\_\_  
Fire Chief Email

\_\_\_\_\_  
Contact Person      Title      Day Phone Number and Email

**Return to:**      **RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364**  
**FAX: (405) 522-4442    EMAIL: fdip@omes.ok.gov**  
Contact Phone (405) 521-4999 or (888) 521-7475