



Fire Department Insurance Program

Liability Coverage List Vehicles

While acting within the scope of duties, liability coverage protects your team from actions brought by a third party.

Fire Department Name: _____ Fire Dept #: _____

Mailing Address: _____

	Action	Year	Make	Model	Vin# (last 4 digits)	Tag Number	Type of Vehicle
1	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
2	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
3	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
4	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
5	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
6	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____
7	<input type="checkbox"/> - Add <input type="checkbox"/> - Change <input type="checkbox"/> - Delete						<input type="checkbox"/> Pumper <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker <input type="checkbox"/> Grass Rig <input type="checkbox"/> Other: _____

By signing this form, I am attesting that the vehicle and/or equipment listed herein are used by the Fire Department to perform their mission in the community. I understand that the Fire Department must provide driver training documents during a claim.

Signature _____ Date _____ Printed Name of Signer _____ Title _____

Contact Name (printed) _____ Title _____ Email Address: _____ Daytime Phone Number _____

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