

INSTRUCTIONS FOR COMPLETING YOUR ESIP RENEWAL SURVEY

This is a fill-in form. You can either type or hand-write the information.

Please complete all applicable information. If you need any assistance, please do not hesitate to call us:

- Toll Free: 800-882-0801
- New Jersey Office Direct: 609-492-8911
- Mahanoy City Office Direct: 570-773-3554
- Wes, Cellular: 215-317-8414
- Tony, Cellular: 570-764-6033

If your organization sells alcohol or plans on selling alcohol at any time during the year, you will also need to download and complete the ESIP Liquor Supplement.

After completing, print and sign at the appropriate areas and mail to:

**General Insurance Agency, Inc.
2007 Long Beach Blvd.
Long Beach Twp., NJ 08008**

Or fax to:

609-492-8922 or 570-773-3554

Or scan and e-mail to:

steve@generalinsuranceinc.com

Property/Casualty
Insurance
Renewal Survey



McNeil & Company, Inc.
PO Box 5670 - 20 Church Street
Cortland, NY 13045
(800) 822-3747
Fax: (607) 756-5051

Date of survey: _____ Insurance Renewal Date: _____

Legal Name of Organization: _____

Mailing Address: _____ County: _____

FEIN: _____ Contact Person: _____ Phone: _____

Is the account Sub-Brokered? Yes No

If Yes, Please indicate Agency Name, Address and Representative: _____

Population served on a first-call basis: _____ Years in operation _____

If a municipal (city, town, village) department, is the organization a separate legal entity? Yes No

Highest Level of EMS services Provided?

Advanced Life Support Basic Life Support Advanced first Aid/CPR Only First Responder Only No EMS

Employees/Volunteers

_____ Total number of career personnel

_____ Number of Paramedics

_____ Number of nurses

_____ Number of EMT's

_____ Total number of emergency service volunteers

_____ All other (Administrative, Non-EMT Drivers, First Responders, etc.)

Calls:

Annual Fire calls _____

Annual EMS calls _____

*Emergency Ambulance Calls _____

*** Definitions:**

Emergency – The assignment was dispatched as a true emergency

*Non-Emergency Ambulance Calls _____

Non-Emergency – The Assignment was not dispatched as a true emergency

*Non-Medical Calls _____

Non-Medical – Any Ambulette and/or Wheelchair transportation

Renewal Instructions:

Proposal Preference: Short Long Premium Summary Only Please indicate date needed by: _____

Any Changes in the operations or exposures of the organization? _____

Any vehicle additions or deletions that we should make to the renewal policy? _____

Are vehicles garaged at more than one location? Yes No

If Yes, please provide an updated vehicle schedule including the garaging location.

Is alcohol sold or served at any time throughout the year? Yes No

If Yes, please complete the attached liquor supplement.

Does the insured currently carry Worker's Compensation Coverage? Yes No

Are all volunteers and paid staff covered by Employers Liability Coverage? Yes No

If Yes, Please indicate the Carrier, Policy Number, Effective Date and Policy Limits: _____

Are all volunteers and paid staff covered by Accident & Health insurance providing a minimum of \$20,000 AD&D, \$10,000 Medical Expense and \$200

Weekly Disability Indemnity? Yes No

If Yes, Please indicate the Accident & Health Carrier: _____

If you would like to receive a quote for Accident & Health Insurance please complete the Accident & Sickness Application which can be downloaded from our website at: http://www.esip.com/esip.aspx?page=esip_forms

ESIP RENEWAL SURVEY
ADDITIONAL UNDERWRITING NOTES

ORGANIZATION:

RENEWAL DATE:

Agency:

Phone:

Fax:

Agent:

E-Mail:

New York Only:

You are entitled to a credit if any of your vehicles weighing in excess of 10,000 lbs. are equipped with factory installed daytime running lights. Please list (attach a separate list for additional vehicles that qualify):

Vehicle No. _____ Make, Model & Identification number _____
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Vehicle No. _____ Make, Model & Identification number _____
Vehicle No. _____ Make, Model & Identification number _____

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT

For your protection Arizona law requires the following statement to appear on this form, any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT

Any person or entity who willfully and knowingly makes any material false statement or representation for the purpose of obtaining any benefit or payment, or for the purpose of defeating or wrongfully decreasing any claim for benefit or payment or obtaining or avoiding workers compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for either of said purposes, under this chapter shall be guilty of a Class D felony.

APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

APPLICABLE IN DELAWARE - DELAWARE FRAUD STATEMENT

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN IDAHO - IDAHO FRAUD STATEMENT

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

APPLICABLE IN INDIANA - INDIANA FRAUD STATEMENT

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing false, incomplete or misleading information commits a felony.

APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MARYLAND - MARYLAND FRAUD STATEMENT

Any person who knowingly and willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

APPLICABLE IN MINNESOTA - MINNESOTA FRAUD STATEMENT

A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICABLE IN NEBRASKA - NEBRASKA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN NEW HAMPSHIRE - NEW HAMPSHIRE FRAUD STATEMENT

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in R.S.A. 638.20.

APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT

Other than Auto: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Auto: Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICABLE IN OHIO - OHIO FRAUD STATEMENT

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

APPLICABLE IN OREGON – OREGON FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

For your protection, Utah law requires the following to appear on this form: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICABLE IN WASHINGTON – WASHINGTON FRAUD STATEMENT

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.


APPLICABLE IN WEST VIRGINIA – WEST VIRGINIA FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

GENERAL FRAUD STATEMENT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OK, OR, or VT; in DC, LA, ME, TN, VA, and WA, insurance benefits may also be denied).

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature:  _____ Date: _____

Name and title (please print):  _____

Insurance Broker's Signature _____ Date: _____