

## Volunteer Fire Department Supplemental Application

**NOTES:** This Supplemental application must be completed in addition to the General Application  
**All sections with an \* must be completed**

**\*General Information**

Legal Name of Applicant \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Brokerage Name \_\_\_\_\_

Indicate all services (other than Fire Fighting) provided by the Applicant

Emergency/Medical	Emergency Planning and Preparedness	
Well or Pool Water Filling Service	Equipment Servicing	
Hazardous Material Handling	Woodstove Inspections	
Other		

**\*Fire Fighting**

Number of Firefighters \_\_\_\_\_  
 Does the Applicant keep a record of each and every call? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No", explain \_\_\_\_\_

If "Yes", do records contain  
 Date and time of the run? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Nature of emergency? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Length of time records are kept \_\_\_\_\_  
 Does the Applicant routinely leave personnel behind to monitor fire sites for rekindling? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", how long? \_\_\_\_\_ hours  
 Does the Applicant investigate the cause of fire? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", explain training received \_\_\_\_\_

Provide a description of training, instruction and/or support that is provided for the inexperienced drivers to prepare for operation of fire vehicles responding to an emergency.	Provide commentary on driver experience involving some type of larger vehicle experience.

**Emergency/Medical**

Does the Applicant plan to provide Emergency Response medical care exceeding St. John Ambulance training? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", what treatments are provided? \_\_\_\_\_

Provide details of qualifications for personnel providing medical treatment

Does the Applicant provide cardiac defibrillation? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", how many firefighters are certified? \_\_\_\_\_

**Well or Pool Filling Services**

Does the Applicant fill wells, pools, etc. in their service territory? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", what source of water is used? \_\_\_\_\_

**Woodstove Inspections**

Does the Applicant's personnel conduct wood stove installation inspections? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", are the inspections completed by WETT trained personnel? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "No", provide full details regarding qualifications and training \_\_\_\_\_

Are copies of inspections provided to home or business owners? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant inspect properties to ensure compliance with codes and standards, condemning properties or rejecting or revoking licences where hazardous conditions are found? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", explain \_\_\_\_\_

**Hazardous Material Handling**

Is the Applicant trained in the handling of hazardous materials? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Explain or attach information regarding qualifications and training \_\_\_\_\_

Does the Applicant clean up and prevent the further spread of hazardous materials spills? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If "Yes", explain \_\_\_\_\_

Does the Applicant decontaminate persons and materials exposed to hazardous materials? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Has the Applicant identified the locations and types of hazardous materials present in their operations area? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Are records of this information kept and used when fighting a fire at a site containing these materials to prevent pollution of adjoining properties from a fire? YES \_\_\_\_\_ NO \_\_\_\_\_

**Emergency Planning and Preparedness**

Does the Applicant conduct on-site surveys to identify the hazards of various occupancies in the community as a means of preparing to deal with possible future fires? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does the Applicant conduct fire prevention and safety programs, including fire drills in public schools and industrial installations? YES \_\_\_\_\_ NO \_\_\_\_\_

**Equipment Servicing**

Indicate all types of equipment the Applicant services (e.g. fire extinguishers, self-contained breathing apparatus, etc.) \_\_\_\_\_

Does the Applicant service these types of equipment for other fire departments? YES \_\_\_\_\_ NO \_\_\_\_\_

**Other**

Indicate any other exposures (e.g. events, tours etc.) \_\_\_\_\_

Provide full information regarding all "other" exposures \_\_\_\_\_

**Applicant Name** \_\_\_\_\_ **Title/Position** \_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Broker Name** \_\_\_\_\_  
**Broker Signature** \_\_\_\_\_