

## Volunteer Emergency Service Organization Supplemental Application

Department name: \_\_\_\_\_

Policy/quote number: \_\_\_\_\_

Policy term: \_\_\_\_\_

Number of active volunteers: \_\_\_\_\_

Payroll for volunteer firefighters and EMTs is based on total annual hours volunteered in addition to stipends paid. To determine total payroll, please provide the following information.

**Volunteer hours**

Volunteer hours are a total of emergency call hours and training hours. To calculate for each category, multiply the three entries (1)x(2)x(3).

**Emergency call hours**

(1) Estimated number of calls per year	(2) Average length of time per call	(3) Average number of volunteers per call	Total emergency call hours

**Training hours**

(1) Estimated number of training sessions per year	(2) Average length of time per training session	(3) Average number of volunteers per training session	Total training hours

To calculate the total volunteer hours, add the total emergency call hours and the total training hours.

<b>Total volunteer hours</b>	
------------------------------	--

**Stipends**

If stipends are paid, provide the total stipends paid annually.

<b>Total stipends paid annually</b>	
-------------------------------------	--

**Total payroll**

Total payroll is the total volunteer hours multiplied by \$25, plus the stipends.

Total volunteer hours x \$25	
Stipends (if applicable)	
<b>Total payroll</b>	

\*Please note, payroll per volunteer is capped at \$5200.

**Volunteer fire departments**

Does the fire department perform any of the following services? (Y/N):

- Inspection of properties to ensure compliance with building codes and standards
- Investigate causes of fires
- Conduct on-site surveys to identify fire hazards
- Test fire hydrants for pressure and flow capabilities
- Conduct fire prevention and safety programs for schools, industrial facilities, etc.
- Provide firefighting, first aid, or emergency response training programs

**Volunteer EMS departments**

Do the ambulance or paramedic services perform any of the following services? (Y/N)

- Patient transport services to and from medical facilities in non-emergency situations
- Technical rescue operations (vehicle, confined space, trench, or excavation rescue)
- Water rescue
- Search and rescue (mountain, ground, or urban)

**Applicant signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please email completed form to **underwriting@texasmutual.com** or fax to **(800) 359-0650**.

Thank you for taking the time to review this information. If you have any questions, please call (800) 859-5995.