

General Liability Schedule
Fire/Ambulance Districts



Name of District: _____

*** Total Operating Expenses does not include debt services or capital expenditures**

Code	Description	Unit	Amount
52004	Maximum Bond Issued	Dollars	
52005	Number of Bonds Issued	Total	
52030	Number of EMT Personnel	Total	
52031	Number of Non-EMT Volunteers	Total	
52032	Paid Fire Fighters - Non-EMT	Total	
52097	Additional First Named Members (Subdistricts)	Total	
52098	Additional First Named Members	Total	
52105	Total Operating Expenses - Any Other	Dollars	
52138	Total Operating Expenses - Fire / Ambulance	Dollars	
52215	Buildings & Premises Occupied By District	Sq. ft.	
52270	Number of Aboveground Storage Tanks (excluding water tanks)	Total	
52331	Number of Paid Firefighters - Full-Time	Total	
52332	Number of Paid Firefighters - Part-Time	Total	
52333	Number of Volunteer Firefighters	Total	
52334	Number of Paid EMT - Full-Time	Total	
52335	Number of Paid EMT - Part-Time	Total	
52348	Number Of Board Members	Total	
52350	Number of Permanent Employees - Full-Time	Total	
52351	Number of Permanent Employees - Part-Time	Total	
52366	Total Payroll	Dollars	
52405	Number of Boats Over 51'	Total	
52420	Vacant Land	Acres	
52550	Fire Department Area Served	Sq. Miles	
52900	Services Contracted Out to Others	Dollars	
52997	Number of district sponsored Events/Fundraisers - No Alcohol Served	Total	

52998	Number of District sponsored Events/Fundraisers – With Alcohol Served	Total	
52999	Prior Acts Coverage Under a Previous “Claims Made” Policy	Premium	

If your district has other exposures not common to all similar districts and not listed on the General Liability Schedule, such as: (airplanes, staff security people, bridges, or boats) please list below. Certain activities may require separate coverage under another policy.

Description	Unit	Amount

Supplementary Questions:

1. Any chemical spraying? _____
 - a. Purpose of spraying: _____
 - b. Chemicals used: _____

2. Certificates of coverage required for all subcontractors?
 - a. Describe the services contracted: _____
 - b. Limit of Liability required (\$1 million recommended): _____

Note: Health related professional liability is not provided at district owned or operated hospitals, clinic or nursing homes.