



Fire Department Insurance Program

Eligibility Application

- Add Coverage Change Coverage Delete Coverage

Liability coverage: Vehicle & General Liability, Vehicle Liability, General Liability. Property coverage: Building and Contents coverage, Auto Physical Damage coverage. Name of City or District, Name of Fire Protection Organization, Mailing Address, Proposed Effective Date. Type of fire protection Organization: Paid or Volunteer. Title you are formed under: 11, 18, or 19. Supporting documentation must be attached. ORGANIZATION INFORMATION: Number of fire fighting personnel, Type of fire protection organization: FullTime or Volunteer, Number of fire fighting personnel authorized to drive fire vehicles.

Mayor, Administrator, Chairman of the Board, Director, or President (must be signed)

Signature (required) Printed Name Title Date

Fire Department Chief

Signature (required) Printed Name Daytime phone number Date

Contact Person Title 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