



Fire Department Insurance Program

Liability Coverage List Team Members

While acting within the scope of duties, liability coverage protects your team from actions brought by a third party.

- Vehicle Liability Incidents involving a motor vehicle
- General Liability Incidents not involving a motor vehicle
- Vehicle & General Liability Combined coverage for all incidents

Fire Department Name: _____ **Customer #:** _____

Mailing Address: _____

- Annual New List (effective July 1st) Additions to List Deletions from List

	Fire Team Members (<i>all</i> members must be listed)	Driver's License Number	Title	Drive Fire Vehicle(s)?	
				Y <input type="checkbox"/>	N <input type="checkbox"/>
1.				Y <input type="checkbox"/>	N <input type="checkbox"/>
2.				Y <input type="checkbox"/>	N <input type="checkbox"/>
3.				Y <input type="checkbox"/>	N <input type="checkbox"/>
4.				Y <input type="checkbox"/>	N <input type="checkbox"/>
5.				Y <input type="checkbox"/>	N <input type="checkbox"/>
6.				Y <input type="checkbox"/>	N <input type="checkbox"/>
7.				Y <input type="checkbox"/>	N <input type="checkbox"/>
8.				Y <input type="checkbox"/>	N <input type="checkbox"/>
9.				Y <input type="checkbox"/>	N <input type="checkbox"/>
10.				Y <input type="checkbox"/>	N <input type="checkbox"/>
11.				Y <input type="checkbox"/>	N <input type="checkbox"/>
12.				Y <input type="checkbox"/>	N <input type="checkbox"/>
13.				Y <input type="checkbox"/>	N <input type="checkbox"/>
14.				Y <input type="checkbox"/>	N <input type="checkbox"/>

The above listed members, officials, board members, dispatchers, or volunteers of the organization are acting in good faith within the duties or tasks lawfully assigned by the authority of the Fire Chief or other competent authority. The driver's license numbers listed for each individual are valid and are provided for identification purposes only.

Signature Date Print Name of Signer Title

Contact Person (print) Title Email Address: Daytime Phone Number

Return to: **RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364**
FAX: 405-522-0403 Email: fdip@omes.ok.gov
Contact Phone: 405-521-4999 or (888) 521-7475