

**EMERGENCY SERVICE ORGANIZATION BLANKET ACCIDENT & HEALTH QUESTIONNAIRE**

Name of Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Current A&H Benefit Limits:**

**Injury:** Principal Sum: \$ \_\_\_\_\_ **Illness same as Injury:** (Y/N) \_\_\_\_\_  
Weekly Disability Limit: \$ \_\_\_\_\_ **Auxiliary Benefits:** (Y/N) \_\_\_\_\_  
Hospital Indemnity: \$ \_\_\_\_\_ **League Athletics:** (Y/N) \_\_\_\_\_  
Medical Expense Limit: \$ \_\_\_\_\_

**Current Policy & Underwriting Information:**

**Premium:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

Declaration Pages Enclosed: (Y/N): \_\_\_\_\_ Current Insurance Carrier: \_\_\_\_\_

**Population Area Served on a First Call Basis:** \_\_\_\_\_ **# of Stations:** \_\_\_\_\_

**Annual Number of Runs - Fire:** \_\_\_\_\_ **Rescue:** \_\_\_\_\_ **Ambulance:** \_\_\_\_\_

**Number of Vehicles - Fire:** \_\_\_\_\_ **Rescue:** \_\_\_\_\_ **Ambulance:** \_\_\_\_\_

**Total Number of Members - Volunteer:** \_\_\_\_\_ **Career:** \_\_\_\_\_ **Part-Time:** \_\_\_\_\_

**Haz-Mat Duty (Y/N):** \_\_\_\_\_ **Workers' Compensation (Y/N):** \_\_\_\_\_

Losses during the past 3 years (Type & Amount): \_\_\_\_\_

Please check appropriate boxes to request information or quotes for the products listed below :

24-Hr AD&D  Group Life  Service Awards

**Agent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signed by Agent/Broker:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This completed questionnaire is good for either 1 (one) year from the expiration date above  
or until the next scheduled renewal date, whichever comes first.



Please fax to:  
**Provident Agency, Inc.**  
PO Box 11588 - Pittsburgh, PA 15238-0588  
Toll Free: 800-447-0360 Fax: 412-963-0415  
[www.providentbenefits.com](http://www.providentbenefits.com)