|  |  |
| --- | --- |
| **Educational Institution Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Protection Class 9/10** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. Name and address of responding Fire Department | | | | | | | |  | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| Response time in minutes | | | |  | | | Distance to fire station in miles | | | | | | |  | |
| 1. Is there a mutual aid system? | | | | | | | | | | | | Yes | | | No |
| 1. If “yes”, with which neighboring towns(s)? | | | | | |  | | | | | | | | | |
| 1. Are roads paved and accessible year-round? | | | | | | | | | | | | Yes | | | No |
| 1. Any physical barriers? | | | | | | | | | | | | Yes | | | No |
| 1. If yes, please explain | | | | | |  | | | | | | | | | |
| 1. What is the primary source of heat? | | | | | |  | | | | | | | | | |
| 1. Is there a public hydrant within 1,000 feet from the location? | | | | | | | | | | | | Yes | | | No |
| 1. Describe any alternative water source inclusive to the distance of the educational institution. | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| 1. Can the responding fire department access the alternative water source at all times? | | | | | | | | | | | | Yes | | | No |
| 1. Does the responding fire department have tanker and/or pumper trucks? | | | | | | | | | | | | Yes | | | No |
| 1. If a water tower or storage tank is used, what is the capacity (in gallons)? | | | | | | | | | | | | |  | | |
| 1. If a lake or pond is available, how is the water provided to the building? | | | | | | | | | | |  | | | | |
|  | |  | | | | | | | | | | | | | |
| 1. Is an automatic fire pump accessible for use? | | | | | | | | | | | | Yes | | | No |
| 1. If “yes”, are they: | | | | | | | | | Electric | Gasoline | | | Steam | | |
| 1. Is the water source checked on a regular basis? | | | | | | | | | | | | Yes | | | No |
| 1. Are there central station smoke and/or fire alarm system installed in the building? | | | | | | | | | | | | Yes | | | No |
| 1. Is the system connected directly to the fire department? | | | | | | | | | | | | Yes | | | No |
| a. If “no”, who is the monitoring company? | | | | |  | | | | | | | | | | |
| 1. Is there a contract in place for scheduled testing, maintenance and repair of the systems? | | | | | | | | | | | | Yes | | | No |
|  | | Additional Information: |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |

|  |
| --- |
| This supplemental application becomes part of your primary application and must be signed and dated.  Coverage cannot be bound until the Company approves your completed application. |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |