

FIRE INSURANCE DISTRICT INFORMATION:

Name of Department _____

Current Fire Insurance District size: (4-mile, 5-mile, 6-mile) ,

Copy of current FD map provided: **YES** - **NO** , Copy of written description provided **YES** - **NO** ,

Copy(ies) of County Commissioners' Meeting Minutes Approving District **YES** - **NO** ,

Current District Class Rating _____, Current Fire Tax Rate _____,

Tax Revenue Received **YES** - **NO** ,

Type of Tax Revenue (General, Service, Rural Fire Protection) _____,

Verify Federal Tax ID Number: _____ - _____.

FIRE DEPARTMENT INFORMATION:

Is the department a part of municipal government or incorporated: **YES** - **NO** ,

If incorporated, year of incorporation: _____, verified by copy of Charter.

Dates of any Charter Amendments (provide copies) _____, _____, _____, _____

If part of municipal government provide verification letter from municipal government,
[Sample form is available if requested]

Fire Chief Name: _____,

Address _____, (street address of station) _____, (if use PO Box)

City _____, State NC, Zip Code _____,

Work telephone # _____ - _____ - _____ ext- _____ Home telephone # _____ - _____ - _____,

Fax # _____ - _____ - _____, Department Telephone # _____ - _____ - _____

Name of: President of Board of Directors/Town Manager/ Mayor _____,

Title: President of Board of Directors / Town Manager / Mayor

Address _____,

City _____, State NC, Zip Code _____,

Work telephone # _____ - _____ - _____ ext- _____ Home telephone # _____ - _____ - _____,

Fire Department Telephone # _____ - _____ - _____, Department fax # _____ - _____ - _____.

Fire Department E-MAIL address: _____.

Fire Station Located At (use exact street number (address) or SR #s and distance from nearest intersection if address not available):

Station 1 Address: _____ Dimensions ___ X ___,

Year of construction _____, Number of bays ___, building heated **YES** - **NO** .

Station 2 Address: _____ Dimensions ___ X ___,

Year of construction _____, Number of bays ___, building heated **YES** - **NO** .

Station 3 Address: _____ Dimensions ___ X ___,

Year of construction _____, Number of bays ___, building heated **YES** - **NO** .

Station 4 Address: _____ Dimensions ___ X ___,

Year of construction _____, Number of bays ___, building heated **YES** - **NO** .

CONTRACTS

Copies of contract(s) with _____ County, _____ Town,
_____ County, _____ Town,
_____ County

Workers Compensation Insurance Provided (verify through receipts) _____

PERSONNEL

Total # of firefighters _____, **Total** # of traffic personnel _____,
of **PAID** personnel _____, # of **VOLUNTEER** personnel _____.

RECORDS

Regular business meetings held for membership **YES** - **NO** , # per month __,
Regular training sessions held for firefighters **YES** - **NO** , # per month __,
Provide copy of current department Certification Roster on file with NC State Fireman's
Association. **YES** **NO** .

Provide Apparatus Maintenance Records for review of Inspector,
Provide Apparatus Inventory of Equipment Sheets for review of Inspector,
Provide 12 months of Alarm Logs/Run Sheets/Call Reports for Inspector review.
Provide completed Protective Clothing Form for inspector.

COMMUNICATIONS

Station ID number _____, Chief's Call Number _____,
Communications center located at _____
Communications center telephone numbers:
Emergency: _____ - _____ - _____, Non-Emergency: _____ - _____ - _____

Radio Dispatch Frequency _____
Radio Transmit Frequency (if different from above) _____
Radio PL tone / Receive Frequency _____

of fire department pagers _____,
of personal pagers used for fire fighter notification _____
of walkie-talkies/portables/handheld radios _____
of mobile vehicle mounted radios used for fire department needs _____

Describe the alerting system utilized by the communications center for fire fighter alarm
notification _____
Is there an outside operational siren/horn/whistle alerting device for fire fighter notification of
alarms? **YES** **NO** . How is it activated for use? _____
