

**ADMIRAL INSURANCE COMPANY**

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**EMERGENCY DISPATCH APPLICATION****SECTION I**

1. **NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
 (STREET CITY/STATE ZIP)

**Department Administrator name:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **website:** \_\_\_\_\_

**Applicant is:**     Individual     Partnership     Corporation     LLC     Non-Profit  
 Organization     Public Entity     Other: \_\_\_\_\_

**Date established:** \_\_\_\_\_  
 mm/dd/yy/

Has there ever been any acquisitions, consolidations, dissolution or merger or change in business name? Yes  No  If yes, please explain on separate attachment.

Are you owned by, associated with or controlled by any other business? Yes  No   
 If Yes, please explain on separate attachment.

2.

YEAR	REVENUE	EXPENDITURES	SURPLUS/DEFICIT	ACCUMULATED SURPLUS/DEFICIT
2000				
2001				
2002				
2003				

**SECTION II - Operations**

1. Is the applicant a board only with no actual dispatching duties?  Yes  No

2. What type of 911 system do you have?

Basic

Enhanced –

- a) automatic number identification
- b) automatic location identification
- c) automatic vehicle locator
- d) mobile data terminal
- e) other, please explain \_\_\_\_\_

3. How long has this 911 system been in service? \_\_\_\_\_
4. What is the radius served by the dispatching center? \_\_\_\_\_ (miles)
5. What do you dispatch?
- Police \_\_\_%  Sheriff\_\_\_%  Fire\_\_\_%  EMT\_\_\_%  Rescue Squad\_\_\_%
- Other-describe \_\_\_\_\_

6. Number of Total Calls:

Fiscal Year 2001	Fiscal Year 2002	Fiscal Year 2003

7. Do your records track emergency calls versus non-emergency calls?  Yes  No  
If Yes, what is the percent of non-emergency calls? \_\_\_\_\_%
8. Are all incoming calls recorded?  Yes  No If Yes, how long are these tapes kept? \_\_\_\_\_
9. Are tapes reviewed and critiqued by department administrator?  Yes  No
10. How many shifts do you run in a 24 hour period? \_\_\_\_\_
11. Advise the number of staff on duty and their functions for each shift: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you contract out 911 services to any other private or public entity?  Yes  No  
If Yes, what are the subcontracted costs? \_\_\_\_\_  
Do you require the subcontractor to have Errors & Omissions Liability?  Yes  No  
If Yes, what limits? \_\_\_\_\_  
Please attach copy of contract.
13. Do you supplement your staff with volunteers?  Yes  No If Yes, how many? \_\_\_\_  
For what functions are the volunteers assigned \_\_\_\_\_  
Do you provide training to these volunteers?  Yes  No If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_

14. Staff: Administrators/Supervisors: \_\_\_\_\_  
 Dispatchers: \_\_\_\_\_  
 Clerical \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_ Total

**SECTION III - Procedures**

1. Do you have a written procedures manual for department protocol?  Yes  No  
 Date of last revision: \_\_\_\_\_
2. Is this manual reviewed by legal counsel?  Yes  No
3. Is this manual distributed to all personnel?  Yes  No
4. Does your training program include review of manual?  Yes  No
5. Do you have a policy for priority dispatching?  Yes  No
6. Are all dispatchers trained in interrogation techniques?  Yes  No
7. Do all dispatchers use a standard documentation form for data gathering?  Yes  No
8. Are there written policies for:
 

Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suicides	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pre-arrival instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back-up policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do dispatchers screen calls to determine whether an emergency response is needed?   
 Yes  No

**SECTION IV – Training/Education**

1. What is the minimal educational requirement for hiring of dispatcher?  
 High School     Some college     College Graduate
2. What is minimum training hours required for dispatcher? \_\_\_\_\_
3. Is training done in-house?  Yes  No If Yes, by whom: \_\_\_\_\_
4. Are dispatchers trained in:
 

<input type="checkbox"/> CPR/First Aid
<input type="checkbox"/> Pre-arrival instructions
<input type="checkbox"/> Handling of suicides
<input type="checkbox"/> Hazardous Materials

5. What is the average years of experience for dispatchers? \_\_\_\_\_

\_\_\_\_\_

6. What is the turn over rate for dispatchers? \_\_\_\_\_

\_\_\_\_\_

7. What procedures do you have in place to anticipate and alleviate stress or burn-out?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **SECTION V-Loss History**

1. Has any insurer cancelled/refused to renew any similar coverage during the last 5 years? Yes  No  **If Yes, please provide details on separate attachment .**

2. Has any professional liability claim or suit been made against you, any predecessor in business or against any past or present partner/officer(s)? Yes  No

**If Yes, please provide on separate attachment these details –allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses.**

3. Are you aware of any circumstance or incident which may result in any claim against you or any predecessor in business or any past or present partner/officer? Yes  No  **If Yes, please provide details on separate attachment.**

#### **Year 2000:**

As of what date have your internal computer systems been Y2K compliant? \_\_\_\_\_

Have your internal computer systems experienced date-related errors? Yes  No  **If Yes, please explain in detail by separate attachment.**

**SECTION VI. Current coverage**

***GENERAL LIABILITY:***

Carrier: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Retroactive Date: \_\_\_\_\_ Deductible: \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

***Professional Liability:***

Carrier: \_\_\_\_\_

Exp. Date \_\_\_\_\_ Retroactive Date: \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

Limit of Liability: \_\_\_\_\_

**The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.**

**The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title (Officer/Administrator/Principal/Partner/Risk Manager)**