

Oklahoma Fire Protection Organization Insurance Programs

Available to Authorized Fire Departments Only

Property Program & Auto Physical Damage Program

General Information
&
Claims Procedures

Information contained in this document is a summary of coverage provided by Risk Management. This document is a synopsis of coverage only; it is not intended to replace the policy.

Coverage Period:
July 1, 2010 to July 1, 2011

State of Oklahoma
Department of Central Services
Risk Management Division

This program packet supersedes all program information dated prior to 7/1/2010.

CONTACT INFORMATION

General Contact Information

Department of Central Services
Risk Management Division

Office Hours: Monday thru Friday - 8:00 a.m. to 5:00 p.m.
24 hour answering service available for emergencies

P. O. Box 53364
Oklahoma City, OK 73152-3364
(405) 521-4999 ♦ (888) 521-RISK (7475)

FAX: (405) 522-0403

Detail Contact Information

Coverage Issues

Cathye Vester, Fire Program Coordinator
Email address: Cathye_Vester@dcs.state.ok.us
Property & Auto Physical Damage Programs
Auto & General Liability Programs

Mona Condulle, Underwriting Survey Specialist
Email address: Mona_Condulle@dcs.state.ok.us
Drivers Road Test Signature Page Tracking
Liability – Auto & Member List Reporting

Loss Prevention & Control

Jack Roberts, Loss Control Manager
Email address: Jack_Roberts@dcs.state.ok.us
Building Inspections

Claims

Mary E. Herrera, Claims Specialist
Email address: Mary_Herrera@dcs.state.ok.us
Auto Physical Damage Claims Investigations

Tara Hubbard, Senior Claims Specialist
Email address: Tara_Hubbard@dcs.state.ok.us
Tort & Auto Liability Claims Investigations

Nancy Westbrook, Claims Manager
Email address: Nancy_Westbrook@dcs.state.ok.us
Property Claims Investigations

Claims FAX: (405) 522-4442

PROGRAM SUMMARIES

Summary of Risk Management's Property and Auto Physical Damage Program

Loss prevention is the key to making your program work and allows us to keep your premium as low as we can. To this end, field servicing of each policy holder and loss prevention on your part are major parts of this insurance program.

Property Program, including Contents:

- Buildings: used for the purpose of housing firefighting equipment and/or personnel.
- Contents: Items that are movable, that is, not attached to the building's structure. A vehicle should not be listed as building contents.

Auto Physical Damage Program:

- Vehicles are covered for physical damage, less the deductible, regardless of location. A vehicle should not be listed as building contents. A vehicle inventory must be submitted.

RATES, LIMITS OF COVERAGE & DEDUCTIBLES

Coverage Period

July 1, 2010 to July 1, 2011

Coverage options	Rates	Deductible
Building & Contents coverage only	\$0.20 per \$100.00 of Value	\$500 per occurrence
Building, Contents & Auto Physical Damage combined	\$0.20 per \$100.00 of Value	\$500 per occurrence on Building & Contents \$5000 per occurrence on Auto Physical Damage regardless of location
Auto Physical Damage coverage only	\$0.30 per \$100.00 of Value	\$5,000 per occurrence on Auto Physical Damage regardless of location

Limits of Coverage

If you have a loss, payment for damages to "covered property" will be the smallest of (1) the cost to repair the damaged property; (2) the cost to replace the damaged property on the same site; (3) the amount you actually spend that is necessary to repair or replace the damaged property; or (4) value declared to Risk Management less the deductible.

**STATE OF OKLAHOMA
RURAL FIRE DISTRICT PROGRAM
Commercial Property, Boiler Machinery, and Inland Marine
Coverage Summary (Marsh USA, September 22, 2008)**

Policy Term: July 1, 2008 to July 1, 2011

Insurer: Great American Insurance Company of New York

Perils Insured: All Risk of Direct Physical Loss or Damage to Covered Property

Basis of Recovery: Agreed Amount

Loss Limit: \$50,000,000 on Buildings, Personal Property, and Vehicles
\$50,000,000 on Equipment Breakdown Coverage including:

Off Premises Property Damage	- \$ 50,000
Extra Expense	- \$1,000,000
Perishable Goods	- \$ 100,000
Computer Equipment	- \$ 100,000
Demolition and Increased Cost of Construction	- \$1,000,000
Expediting Expense	- \$1,000,000
Hazardous Substances	- \$ 500,000
Service Interruption	- \$ 100,000
CFC Refrigerants	- Included
Newly Acquired Locations	- Included up to 90 days
Extended Period of Restoration	- 5 days

Supplementary Coverages: The coverages below apply per location:
A. Building and Personal Property Blanket Additional Coverage Blanket Limit of Insurance - \$250,000.
Coverages included under the Blanket Limit are:

Accounts Receivables
Electronic Data Processing (including Equipment, Data, Programs, Media and Extra Expense)
Fire Department Service Charge
Fire Protection Device Recharge
Loss Data Preparation Costs
Personal Effects
Pollution Clean Up and Removal
Tenant Undamaged Improvements and Betterments
Utility Services
Valuable Papers and Records (Other than Electronic Data)

B. Building and Personal Property Additional Coverages:

Crime Reward - \$10,000
Debris Removal - 25% of Limit and \$350,000
Newly Acquired or Constructed Locations:

Building	- \$1,000,000
Business Personal Property	- \$1,000,000
Business Income	- \$ 100,000
Extra Expense	- \$ 100,000
Ordinance or Law - Coverage A - Undamaged Portion	- Included in Building Limit
Ordinance or Law - Coverage B - Demolition Costs	- \$1,000,000
Ordinance or Law - Coverage C - Increased Cost of Construction	- \$1,000,000
Property in Transit	- \$ 250,000

C. Additional Coverages Not at a Described Premise:

Building	- \$ 100,000
Business Personal Property	- \$ 250,000
Business Income	- \$ 100,000
Extra Expense	- \$ 100,000
Earthquake	- \$5,000,000
Flood (excluding property in 100 year flood zone)	- \$5,000,000
Personal Property of Others in Care of Insured	- \$ 25,000
Electronic Data Processing Hardware and Software	- \$ 850,000
Electronic Data Processing Extra Expense	- \$ 50,000
Unintentional Errors and Omissions	- \$ 500,000

Deductible(s): \$25,000 Per Occurrence; except,
\$50,000 Per Occurrence Earthquake
\$25,000 Per Occurrence Flood
\$ 5,000 Auto Physical Damage

Coverage Modifications:

- Notice of Cancellation 90 Days except 10 Days for Non-Payment
- Quarterly Report of Values to Carrier
- Exclusion of Certified Acts of Terrorism
- Multi Year Rate Agreement
- Vacancy Provision - If the building where loss or damage occurs has been vacant for more than 60 consecutive days before the loss or damage occurs, loss caused by any of the following will not be covered:
 - Vandalism;
 - Sprinkler leakage unless you have protected the system against freezing;
 - Building glass breakage;
 - Water damage;
 - Theft or attempted theft;
- With respect to covered causes of loss other than those listed above, payment will be reduced 15%

VALUE REPORTING

Building & Contents Program

Only values reported to Risk Management are covered

Property is covered on a repair or replacement basis for reported locations unless specifically excluded, limited, or placed on Actual Cash Value by Risk Management. If you have a loss, payment for damages to "covered property" will be the smallest of (1) the cost to repair the damaged property; (2) the cost to replace the damaged property on the same site; (3) the amount you actually spend that is necessary to repair or replace the damaged property; or (4) value declared to Risk Management less the deductible. Check to insure your reported values are correct - recovery of loss may be limited to values reported to Risk Management.

Fire department personnel should immediately report any additions, changes or deletions.

Use the "**BUILDING COVERAGE**", DCS-FORM-RM-FP001, for reporting any additions, changes or deletions of buildings or contents. Please follow instructions on the form and contact our office if you have any questions.

Make sure any contractors performing new construction or renovation on your building are adequately insured. Risk Management does not provide "Builders Risk" insurance.

All buildings to be insured must be owned by the city, county, or fire district and used by the fire department. We cannot insure any property owned or leased from a private entity.

Have a plan of action prepared prior to a property loss. Personnel should be assigned to report the claim, supervise repairs, make purchases, track expenses, and submit your claim.

Auto Physical Damage Program

Only values reported to Risk Management are covered

Vehicles are covered regardless of location

Vehicles are covered, less the deductibles, on a repair or replacement basis. Repair or replacement is limited to the actual cost of repairs, or replacement, or the reported value, whichever is less. Check to insure your reported values are correct - recovery of loss may be limited to values reported to Risk Management.

Provide Risk Management an accurate and up-to-date inventory of loose equipment and any equipment permanently attached to a vehicle. Fire Department personnel should immediately report any additions, changes or deletions.

Use the "**VEHICLE / AUTO PHYSICAL DAMAGE COVERAGE (APD)**" and "**VEHICLE / APD – EQUIPMENT SUPPLEMENTAL SHEET**", DCS-FORM-RM-FV001, for reporting any additions, changes or deletions of vehicles or equipment. Please follow instructions on the form and contact our office if you have any questions.

REPORTING A LOSS

WHEN THERE IS A LOSS

1. Report the loss immediately to the proper authorities, such as police or fire departments.
2. **Report the loss to Risk Management by phone (405) 521-4999 or (888) 521-RISK(7475) immediately (a written Property Loss Notice, [DCS-FORM-RM-P001](#), must be submitted within 5 days).** Failure to report a loss in a timely manner may negatively impact your recovery or result in denial of coverage.

In order to access the reporting form, go to DCS' website (<http://www.dcs.ok.gov>), click DCS Library link on the right side of the home page, and search for Risk Management form P001.

Two versions of this form are available: MS Word and Adobe. If your computer needs software for the form, download Adobe Reader or Microsoft Word Viewer (we recommend the first one, Adobe Reader allows for form fields to be filled out electronically).

If you do not have internet access, please contact our office at the phone number(s) listed below for a copy of this form.

3. Make sure the damaged area is safe for personnel to enter.
4. Take pictures of the loss before cleanup.
5. Take all necessary steps to minimize the loss and insure safety. Temporary repairs may be necessary to prevent further damage. Failure to protect exposed property from further damage in a timely manner may result in a separate incident and/or loss including a separate deductible or reduced recovery values.
6. If cleanup must proceed before inspection of the loss by Risk Management due to the threat of further damage or safety of personnel, **do not dispose of any damaged items without Risk Management's approval.**
7. Track your claim expenses carefully. Keep accurate records of labor, purchases, equipment usage, etc. Any internal labor expense must have the following documentation:
 - a. Name, title, and hourly salary of employee
 - b. Dates and times worked on loss
 - c. Detailed description of duties performed. Include the location of the work and the materials used, if any.

You are required to document your claim with invoices, time sheets, purchase orders, inventory, etc.

***If you have any questions or require assistance with your claim,
please call (405) 521-4999 or (888)521-RISK (7475).***

OTHER PROGRAMS ADMINISTERED BY STATE RISK MANAGEMENT

Auto Liability Coverage (self-insurance program)

This program provides coverage in the case of a Third Party claim resulting from operations or conditions caused by the negligent acts of a Participant while operating a scheduled vehicle and working in the scope of their duties.

General Liability Coverage (self-insurance program)

This program provides coverage in the case of a Third Party claim resulting from operations or conditions caused by the negligent acts of a Participant, while working in the scope of their duties, but not related to the operation of a motor vehicle. This program provides bodily injury, property damage, and errors and omissions coverage to the extent of limits stated in the Governmental Tort Claims Act.

These programs are governed by the Governmental Tort Claims Act 51 O. S. § 151, et seq.; 74 O. S. § 85.58A, et seq.; and the Risk Management promulgated rules OAC 580:25.

Participation Eligibility

Our mission is to offer quality programs for all fire department organizations in Oklahoma formed under:

1. Fire protection organizations organized and operated pursuant to the provisions of Sections 901.1 through 901.29 of Title 19 of the Oklahoma Statutes;
2. Volunteer or full-time fire departments established pursuant to Section 592 of Title 18 of the Oklahoma Statutes;
3. Municipal fire departments organized and operated pursuant to the provisions of Sections 29-101 through 29-108, and Sections 29-201 through 29-205 of Title 11 of the Oklahoma Statutes; and
4. Fire protection services established pursuant to the provisions of Section 351 of Title 19 of the Oklahoma Statutes.
5. Rural fire coordinators employed by sub-state planning organizations acting pursuant to rural fire defense programs.

If you are not already participating in any of these programs and are interested, please contact our office to request information and an application packet.

You may contact the Risk Management office at:

(405)521-4999 • or • (888)521-RISK(7475) toll free

APPENDICES

Required forms:

1. DCS-FORM-RM-FP001, Building Coverage
2. DCS-FORM-RM-FV001, Vehicle Auto Physical Damage Coverage (APD)



State of Oklahoma
Department of Central Services
Risk Management Division

Building & Contents Coverage
Oklahoma Fire Protection
Organization Insurance Program

REQUEST TO:

☐ Add Building ☐ Change to Existing Building ☐ Delete Existing Building

BUILDING INFORMATION:

Fire Department Name: _____
Building Street Address: _____ City: _____ County: _____ Zip Code: _____
Name of Building (i.e. Station 1, Training Center, etc.): _____
Year Constructed: _____ Original Sq. Footage: _____ Addition Sq. Footage: _____ Total Sq. Footage: _____
Lien Holder? ☐ No, ☐ Yes - the bank's name & address: _____
Who owns this building? _____

CONSTRUCTION INFORMATION:

Roof Design:	Floor Surface:	Roof Construction:	Roof Covering:	Wall Construction:
<input type="checkbox"/> Flat	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Composition Shingle	<input type="checkbox"/> Wood
<input type="checkbox"/> Sloped	<input type="checkbox"/> Plank	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood Shingle	<input type="checkbox"/> Metal
<input type="checkbox"/> Pitched	<input type="checkbox"/> Timber	<input type="checkbox"/> Concrete	<input type="checkbox"/> Metal	<input type="checkbox"/> Masonry
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

FIRE PROTECTION:

Hydrants within 500 feet:	Heat/Smoke Detection:	Automatic Sprinklers:	How many days a week is this station occupied by fire department personnel (indicate one)?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	_____ Days
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Full time 24/7

LIST THE CURRENT REPLACEMENT COST FOR THE OWNED PROPERTY THAT YOU WISH TO COVER:

Building: \$ _____	Contents (note any unusual or high dollar item(s) and value):
Contents: \$ _____	_____
Computer: \$ _____	
Other: \$ _____	Other breakdown (i.e. radio tower, shed, etc) List item(s) and value:
Total: \$ _____	_____

AUTHORIZATION:

By signing this form, I am attesting that the building and contents are owned by the Fire Department, City or County, and are used by the fire department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the Fire Departments must provide documentation of ownership on the building and contents during a claims process by supplying proof of purchase, pictures, etc.

Signature _____	Date _____	Printed Name of Signer _____	Title of Signer _____
-----------------	------------	------------------------------	-----------------------

Contact Person (please print): _____	Contact Person Title: _____
--------------------------------------	-----------------------------

_____	() - _____
-------	-------------

Email Address: _____	Daytime Phone Number: _____
----------------------	-----------------------------

Mail to DCS Risk Mgmt PO Box 53364 Oklahoma City, OK 73152, or fax to (405) 522-0403 or email to
cathye_vester@dcs.state.ok.us or mona_condulle@dcs.state.ok.us.



State of Oklahoma
Department of Central Services
Risk Management Division

Vehicle Coverage (APD)
Oklahoma Fire Protection
Organization Insurance Program

REQUEST TO:

☐ Add Vehicle ☐ Change Vehicle/Equipment ☐ Delete Vehicle

VEHICLE INFORMATION:

Fire Department Name: _____

FD Mailing Address: _____ City: _____ County: _____ Zip Code: _____

Year: _____ Make: _____ Model: _____ VIN (last 4): _____ Tag # _____

Type: ☐ Pumper ☐ Tanker ☐ Grass Rig ☐ Rescue ☐ Other: _____

Lien Holder? ☐ No, ☐ Yes - the bank's name & address: _____

Vehicle physical location: _____

Do you want Auto Liability Coverage on this vehicle? ☐ Yes ☐ No

Is this vehicle owned by FD (vehicle must be titled in the FD, city or county name)? ☐ Yes ☐ No

IF YOU ARE DELETING A VEHICLE, STOP HERE

REPLACEMENT COST (list values at replacement cost):

Vehicle Value (if insuring a vehicle attach a copy of the title or registration):	\$
Equipment List Total A from Supplemental Sheet	\$
<i>Adjusted Vehicle Amount (subtotal)</i>	\$
Equipment List Total B from Supplemental Sheet	\$
TOTAL: Vehicle + Equipment	\$

AUTHORIZATION:

By signing this form, I am attesting that the vehicle and/or equipment listed herein are used by the Fire Department to perform their mission in the community. No personally owned property can be insured through this program. I understand that the Fire Department must provide documentation of ownership for the vehicle and equipment during a claims process by proof of purchase, pictures, etc.

Signature _____ Date _____ Printed Name of Signer _____ Title of Signer _____

Contact Person (*please print*): _____ Contact Person Title: _____

Email Address: _____ () - _____
Daytime Phone Number: _____

VEHICLE AUTO PHYSICAL DAMAGE EQUIPMENT SUPPLEMENTAL SHEET:

Fire Department Name: _____
FD Mailing Address: _____ City: _____ County: _____ Zip Code: _____
Year: _____ Make: _____ Model: _____ VIN (last 4): _____ Tag # _____

Equipment must be listed and valued for the item to be insured.

The equipment listed on this form must be attached to or carried on the vehicle being covered.

A. Equipment Permanently Attached to Vehicle (Equipment needing tools to be removed from vehicle):

Item Description ¹	Quantity	Replacement Cost Per Item	Combined Cost
Skid Unit		\$	\$
Water Tank		\$	\$
Water Pump		\$	\$
Tool Box		\$	\$
Radio		\$	\$
Light Bar		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total A			\$

B. Loose Equipment:

Item Description ¹	Quantity	Replacement Cost Per Item	Combined Cost
Ladder		\$	\$
Hoses		\$	\$
Misc Hand Tools		\$	\$
Hand fire extinguishers		\$	\$
Portable Lights		\$	\$
Traffic cones		\$	\$
Chains		\$	\$
		\$	\$
		\$	\$
Total B			\$

Mail to DCS Risk Mgmt PO Box 53364 Oklahoma City, OK 73152, or fax to (405) 522-0403 or email to
cathye_vester@dcs.state.ok.us or mona_condulle@dcs.state.ok.us.

¹ Use blank fields for equipment not listed.