

Rural Volunteer Fire Department Insurance Program
Application for Workers' Compensation Insurance Assistance



FOR INTERNAL USE ONLY --- CASE NO: _____

CALENDAR YEAR 2004

① Name of Fire Department: _____

② Mailing Address: _____
(Street or PO Box) (City) (Zip)

③ Email Address: _____

④ County: _____ Department Telephone: _____

⑤ State of Texas Charter Number **(Required)**: _____

⑥ Federal Tax Identification Number **(Required)**: _____
Include completed copy of Form W-9 when returning Application

	Total	Number to be Insured
⑦ Membership - Number of Volunteers: _____	_____	_____
Number of Paid Full-Time: _____	_____	_____
Number of Paid Part-Time: _____	_____	_____

⑧ Is your Department participating in a firefighter certification program administered under Section 419.071 of the Texas Government Code (Texas Commission on Fire Protection), or by the State Firemen's and Fire Marshals' Association of Texas, or by the National Wildfire Coordinating Group?
Yes _____ No _____

⑨ Does your department currently have Workers' Compensation Insurance, and/or Death, and/or Disability Insurance on its members?
Yes _____ No _____

I certify that the information entered on this application is true and accurate and that I, the undersigned, am authorized by the _____ Volunteer Fire Department to represent their interests in acquiring funds for the Department.

Name (Print): _____ Telephone: _____

Signature: _____

Title: _____ Date: _____

Address: _____ Email Address: _____

Mail or fax completed application and W-9 to the following:

Texas Forest Service
John B. Connally Building
301 Tarrow, Suite 304
Attn: Emergency Services Grants Division
College Station, Texas 77840-7896
Fax (979) 845-6160 -- Tel (979) 458-6505