

Rural Volunteer Fire Department Insurance Program

Application for Workers' Compensation Insurance Assistance

CALENDAR YEAR 2014

Case #: _____



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 IRS 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 a complete application package to:
Texas A&M Forest Service
Attn: Emergency Services Grants Unit
200 Technology Way, Suite 1162
College Station, TX 77845-3424
Fax (979) 845-6160 -- Tel (979) 458-6505