



FOR INTERNAL USE ONLY
 Case: _____
 Start Date: _____

APPLICATION FOR VEHICLE LIABILITY INSURANCE
Texas Volunteer Fire Department Motor Vehicle Self Insurance Program

Name of Fire Department: _____

Physical Address: _____
(Street or PO Box) (City) (Zip Code)

Identify any unit of local government and/or fire district with which this department is associated: _____
 County: _____

Department Telephone: _____ Fax Number: _____

Fire Department Officers (Contact Information)

Name	Title	Daytime Phone Number	Email Address
	Fire Chief		

State of Texas Charter Number (Required): _____
If operating under a city government, please print "Under City".

Year Fire Department was created: _____

Number of firefighting personnel in the department: _____

Number of firefighting personnel authorized to drive department firefighting vehicles: _____

Federal Tax Identification Number (Required): _____

Does the Department have a formal fire fighting vehicle safety program in effect? If so, describe:

Has the Department had any policy or coverage declined, canceled or non-renewed during the prior three (3) years? No Yes (If Yes Explain)

Department's current insurance carrier: _____

Amount Department is currently paying for vehicle liability insurance: _____

Accident History

Number of fire fighting vehicle accidents in the last five (5) years: _____

For each such accident referred to above, please state:

Date of accident: _____

Make and type of Department vehicle(s) involved: _____

Driver's of Department vehicle(s) involved: _____

Other vehicle(s) involved: _____

Location of accident: _____

Describe the accident: _____

Was a claim made? Yes No Amount of Claim: _____

Was the claim paid? Yes No Status of claim: Open Closed

Did the accident result in a lawsuit against the Department? Yes No

If so, please state:

Date suit filed: _____ Case style and cause number: _____

Outcome or status of suit: _____

Attach additional pages as necessary for each additional accident. It is important to answer each question fully as to each accident.

Date you wish coverage to begin: _____

Authorization

We, the undersigned volunteer fire department, affirm that the above information provided in this application is true and correct to the best of our knowledge, we understand that false information provided in response to questions in this application can result in the immediate termination of coverage. Moreover, we affirm that we will comply with the safety requirements for participation in the Texas Volunteer Fire Department Motor Vehicle Self Insurance Program as endorsed by the Texas A&M Forest Service.

Point of Contact: _____
(The Point of Contact should be an individual who may be easily reached to coordinate with TFS.)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I certify that the information entered on this application is true and accurate and that I, the undersigned am authorized by the _____ Fire Department to contract on behalf of the Department.

What is your preferred method of communication with Texas A&M Forest Service?

 Email Fax Direct Mail

Name of Fire Department: _____

Name (Print): _____ Title: _____

Signature: _____ Date: _____

Submit via Mail, E-mail or FAX:

Texas A&M Forest Service

ATTN: Risk Pool

2127 S. First St.

Lufkin, Texas 75901

Telephone: (936) 639-8130

Fax: (936) 639-8171

riskpool@tfs.tamu.edu

CREDIT CARD PAYMENT FORM

VFD Motor Vehicle Self Insurance Program

Fire Department Name _____

Authorized Representative Name _____

Phone _____ Alt. Phone _____

E-mail _____

Authorization

I hereby authorize a charge in the amount indicated below to be made from my:



Visa



Mastercard



American Express



Discover

Cardholder's Name : _____ Exp. Date _____

Card # : _____ CVV# _____

Billing Address Zip Code: _____ Invoice # _____

Signature : _____

Payment Amount : _____

- Credit card payments will be processed immediately upon receipt.
- If you wish to call in your credit card information, please contact Delaney Harbuck at 936-639-8133.

Delivery Instructions

Complete form and fax or mail, along with your remittance copy of the invoice to:

Texas A&M Forest Service
2127 S. First St.
Lufkin, TX 75901
Fax: 936-639-8171

Questions?

Call: 936-693-8130
Email: RiskPool@tfs.tamu.edu



TEXAS A&M
FOREST SERVICE