



Date \_\_\_\_\_

Quote needed by \_\_\_\_\_

Legal Name of Entity \_\_\_\_\_

Accounting Contact \_\_\_\_\_

Email \_\_\_\_\_ phone \_\_\_\_\_

Inspection Contact \_\_\_\_\_

Email \_\_\_\_\_ phone \_\_\_\_\_

**Check one**

**Shifts**

**Annual Call Volume**

\_\_\_\_\_ Fire only

\_\_\_\_\_ 24/48

\_\_\_\_\_ Fire

\_\_\_\_\_ EMS only

\_\_\_\_\_ 48/96

\_\_\_\_\_ EMS w/ transport

\_\_\_\_\_ Combination

Other \_\_\_\_\_

Class code	# of Full Time	# of Part time	# of Volunteers	Payroll

Any staff under the age of 18? Yes No If yes, please explain their duties \_\_\_\_\_

*Texas only* – is the district cancer compliant with state laws? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the district have policy to reduce cancer exposure? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain procedures and/or processes: \_\_\_\_\_

Do you have a policy requiring annual physicals: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a fitness program in place for employees? Please explain program: \_\_\_\_\_  
\_\_\_\_\_

Are employees trained in correct lifting procedures: Yes \_\_\_\_\_ No \_\_\_\_\_

How often is training offered to existing employees: \_\_\_\_\_ Are employees required to attend training? \_\_\_\_\_ How is it tracked? \_\_\_\_\_ What disciplinary procedures are in place for missed training? \_\_\_\_\_  
\_\_\_\_\_

Any changes in operations/ exposures/ policies? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe new safety or wellness initiatives. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Agent \_\_\_\_\_ Date \_\_\_\_\_

CSR \_\_\_\_\_ Date \_\_\_\_\_