INFORMATION PAGE
VOLUNTEER FIREFIGHTERS' BENEFIT POLICY

INSURANCE COMPANY_____

Volunteer Firefighters' Benefit Policy No._____

Renewal of Policy No._____

INFORMATION PAGE

1. Name of Insured_____

Address_____
[No. Street Town or City Country State][1]

2. Policy Period: From_____to_____
12:01 A.M., standard time at the address of the insured as state herein.

3. Premium-Classification Code Number 7711

Location	Population		Annual Premium
Home Area:			
List Other "Home Areas" Services Under Contract ($___ per contract)			
List "Outside Areas":		Contract Price*	
		Home Area / All Areas	
EXPENSE CONSTANT			
MINIMUM PREMIUM $		Total Annual Premium $	

*Fill in only where the "Outside Area" has more than one contract for fire protection, provide the records of the "Home Area" are maintained so as to show separately its contract price as well as the total cost all contracts being paid by the "Outside Area."

[Date and Place of Issue_____][1]

[Countersigned [_____20__, at _____][1] by _____
(See Reference Note 2.)

[A. Endorsement serial numbers. C. Record of past experience.]
3
[B. Rating plan or premium discount. D. Cancelation of similar insurance.]

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GENERAL INSTRUCTIONS

This form is expressed in standard language which may not be amended and no part of which may be omitted except as indicated in the reference notes for the Information Page shown below or the explanatory notes shown in the endorsements used with this policy. "Standard language" means the form and endorsements approved by the New York State Department of Financial Services.

Notes		
	1.	Matter in brackets may be included, omitted or amended at the option of the carrier.
	2.	The capacity of the person countersigning may be stated.
	3.	Declaration of this type calling for underwriting data and general information may be used at the option of the carrier.

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