Rural Volunteer Fire Department Insurance Program
Application for Workers’ Compensation Insurance Assistance
CALENDAR YEAR 2010

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

7 Membership - Number of Volunteers: Total Number to be Insured
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 Unit
College Station, Texas 77840-7896
Fax (979) 845-6160 -- Tel (979) 458-6505

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