

Application for VFIS Indiana Police Reserve Officer Program

1. Insured's Information

Name of Insured _____

Mailing Address _____

City _____

State _____ Zip _____ County _____

Contact Person _____

Telephone () _____

Name of organization (if different than insured) _____

2. Underwriting Data

a) Does the enabling statute authorize arrests, search or seizure or carrying a firearm?

Yes No

b) If yes, how many officers have successfully completed the pre-basic course authorizing these powers? _____

(Indiana Code 5-2-1-9(f))

c) Number of reserve officers who have not completed the course. _____

d) Is the department covered by Workers' Compensation? _____

3. Plan Effective Date

Requested date of coverage _____

(Effective date of coverage must be later than the date application signed)

*If coverage is provided, premiums will be determined based on roster maintained at insured's headquarters and subject to annual audit.

4. Signature of Insured

Signature of person providing information

Printed name of person providing information

Title _____

Date _____

5. Agent Information

Agency Name _____

Agency Address _____

Address Telephone () _____

Signature of Agent

Please send me more information on the VFIS Accident & Sickness Program.

Coverage will be bound upon approval of the VFIS underwriting department.



Please forward this application to your agent or VFIS.

GENERAL FRAUD WARNING NOTICE

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.