



Evanston Insurance Company

Protection Class Application

Complete this application for PC 8, 8B, 9, 10, or any Split Protection Class containing X, Y, or W. Applicant should contact responding fire department personnel to complete Section I. Applicant to complete Section II. Please attach internet map showing distance between location address and responding fire department.

Applicant information:

Current Evanston policy number:

Name of applicant:

Location address (street, city, state & zip):

Section I – Responding fire department and property access information:

Applicant to contact responding fire department personnel to complete this section

1a. Protection class assigned:

1b. Source of protection class assignment:

2. Name of responding fire department:

3. Responding fire department address (street, city, state & zip):

4. Firefighters are: Paid employees Volunteers Both

5. Response time to location address in minutes (include firefighter deployment time and drive time):

6. Distance from fire station to location address in miles:

7. Is there a public hydrant within 1,000 feet of the dwelling?
 Yes No

8. Any other year-round accessible water source(s)? Yes No

(If yes, please explain including the source and distance from the dwelling)

9. Are the roads to the location paved? Yes No **(If no, please explain)**

10. Are the roads to the location subject to washout? Yes No **(If yes, please explain)**

11. Are the roads to the location accessible year-round? Yes No **(If no, please explain)**

12. Is the driveway to the dwelling accessible year-round? Yes No **(If no, please explain)**

13. Is the property or community gated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the fire department have access to a key or security code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is there currently at least 150 feet of brush clearance around the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Responding fire department contact information:

Name:	Title:
Date:	Phone number:

Section II – Dwelling and property information:
Applicant to complete this section

1. Is the dwelling clearly visible to full-time resident neighbors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Is the dwelling situated on more than 50 acres? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. If yes to 2a, does driveway condition or length increase fire department response time? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain)	

Applicant's statement:

By evidence of my signature, I swear that all of the answers to the above questions and the information provided are correct and accurate representations. I further understand that the placement of coverage is contingent on the accuracy of these representations. I understand that the Company and its representatives have the right to inspect the inside and outside of the premises to verify the information provided and I give my consent to such inspection.

Applicant's signature:	Date:
Producer's signature:	Date: