

Protection Class 9 & 10 HO3 Supplemental

Name of Responding Fire Department:	Phone Number:
Contact Name:	Protection Class:

Is the Fire Department: Paid <input type="checkbox"/> or Volunteer <input type="checkbox"/>	Response Time:	Paved roads: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Accessible Year-round: Yes <input type="checkbox"/> No <input type="checkbox"/>
		Physical Barriers: Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Pumpers: Pumping Capacity (in gpm):	Number of Tankers: Capacity of Tankers:	

Public Hydrant within 1000 ft from Home: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, describe the water source:
Distance from dwelling:	
Amount of water available:	
Accessible by the Fire Department year-round: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dry Hydrant installed: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Full-Time or Live-in Employees: Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Dwelling Occupied Daily: Yes <input type="checkbox"/> No <input type="checkbox"/>
Central Station Fire and Burglar Alarm System Installed and Monitored: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is Dwelling Clearly Visible with No Obstructions to Full-Time Resident Neighbors: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments:

***** To be completed and submitted with HO3 Application**



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