



Pennsylvania Compensation Rating Bureau

United Plaza Building • Suite 1500
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(215)568-2371 • FAX (215)564-4328 • www.pcrb.com

VOLUNTEER FIREMEN EXPOSURE FORM
(Classification Department)

Name of Insured: _____

Bureau File No.: _____

County: _____

Effective Date: _____

Does the Volunteer Fire Company(ies) service the entire population within the boundaries of the named insured? Yes _____ No _____

If "No", what percentage of the named insured's population is serviced? _____%

Does the Volunteer Fire Company(ies) provide fire protection outside the boundaries of the named insured (EXCLUDE MUTUAL AID ARRANGEMENTS)? Yes _____ No _____

If "Yes", complete the following for each outside municipality serviced:

Municipality (Name)	County	Percentage of Outside Population Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Name

_____ Office Location

_____ Telephone No.