

**Personal Insurance**

**FIRE FIRE DEPARTMENT PLAN QUESTIONNAIRE**



Insured's name: \_\_\_\_\_

Insured address: \_\_\_\_\_

Insured address distance to fire hydrant: \_\_\_\_\_

Primary responding fire department:

- Name: \_\_\_\_\_
- ISO rating: \_\_\_\_\_
- Volunteer ☐ Staffed 24/7 \_\_\_\_\_ Other (please specify): \_\_\_\_\_

The listed home is located \_\_\_\_\_ miles from the nearest fire department or has limited accessible water for fire suppression. To minimize the loss that could result from a fire, Cincinnati requires that the local fire department inspects the property so they can respond with adequate equipment, personnel and water supplies and develop a strategy to efficiently fight a fire at the home. Please contact the local fire department to request that they complete this form or submit a written plan that answers these questions:

- Which fire department(s) will respond to the first call? \_\_\_\_\_
- How much equipment and personnel will be needed? \_\_\_\_\_
- How will the fire department transport water to the house? \_\_\_\_\_  
How much water will the fire department bring to the property on first call?  
\_\_\_\_\_
- What is the best source of additional water and where is it located in relation to the house?  
\_\_\_\_\_
- If the best source of additional water is not a hydrant, is the fire department able to pump water from this source or will they shuttle water to the home?  
Pump ☐ Shuttle ☐ Not applicable ☐
- Will additional fire departments or equipment be needed on the first call? Yes ☐ No ☐
- Is the home's address readily visible? Yes ☐ No ☐
- Is the property fully accessible? Yes ☐ No ☐
- Is the entrance to the property gated? Yes ☐ No ☐
  - Does the fire department have an access code? Yes ☐ No ☐
  - Is there a key lock box? Yes ☐ No ☐
- Does the fire department have recommendations to improve access to the home?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return the completed plan to your underwriter to review.