



**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.