



MONTGOMERY COUNTY FIRE AND RESCUE SERVICE
MONTGOMERY COUNTY, MD.

DIRECTIVE

NUMBER: 04-13

June 14, 2004

TO: All MCFRS Personnel

FROM: Chief Tom Carr, DFRS

Acting Chief Frederick H. Welsh, DVFRS

SUBJECT: MCFRS Vehicle Insurance Policy Information

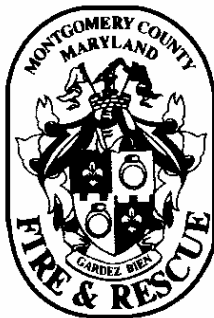
The attached "Montgomery County Fire and Rescue Insurance Information" form has been developed to provide information to the operator of a third party vehicle that is involved in a collision with a MCFRS insured vehicle.

In order to ensure proper distribution of this information, please adhere to the following instructions:

- 1) Copies of this form should be placed in the collision investigation kit for all DFRS and LFRD officers who investigate collisions, so that it is available when needed.
- 2) The operator of any third party vehicle that is involved in a collision with a MCFRS insured vehicle will be provided a copy of the form by the MCFRS accident investigator with the information completed at the bottom.
- 3) Report the collision to the MCFRS insurance carrier within the 24 hour period as specified in Directive 03-06.

The form is available electronically via the Enterprise server or through Outlook Web Access (OWA) by clicking "public folders", then "all public folders", and selecting "FRS".

Please feel free to contact Neil Shorb at 240-777-2420 should you have any questions.



Montgomery County Fire and Rescue Service Insurance Information

If you are involved in a collision with a Montgomery County Fire and Rescue Service (MCFRS) vehicle, the following is provided for your information:

MCFRS Insurance Carrier: American Alternative Insurance Corp./VFIS

Auto Policy Number: VFISCM 1011819

You are recommended to report the collision to your insurance carrier as soon as possible.

MCFRS officials will report the claim to their insurance carrier, and the claims staff will be in contact with you as appropriate. Please be sure that a MCFRS official is provided with your name and contact information so that the insurance claims staff can reach you.

Thank you for your cooperation!

MCFRS Unit/Stock Number Involved _____

Location/Time/Date of Collision _____

MCFRS Investigator/Contact Info. _____

Police Report Number _____