

# Lockport Township Fire Protection District Application for Board Up Rotation Program

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Check List (Please initial if completed and understood)

- \_\_\_\_\_ 1. City of Lockport Business License
- \_\_\_\_\_ 2. City of Crest Hill Business License
- \_\_\_\_\_ 3. Village of Romeoville Business License
- \_\_\_\_\_ 4. County of Will  
(Attach copy of current business license or completed application for each)
- \_\_\_\_\_ 5. General Liability Insurance (Attach copy)
- \_\_\_\_\_ 6. Workman's Compensation Insurance (Attach copy)
- \_\_\_\_\_ 7. Background check completed on all employees and owners.
  - \_\_\_\_\_ a. Background checks completed by an approved 3<sup>rd</sup> party entity within the last 12 months for each employee.
  - \_\_\_\_\_ b. All felony arrests/conviction, convictions for arson, arson related offenses, (vandalism, bombs), fraud, sex offenses, felony theft, all others, are not acceptable and will not be sent to call outs.
- \_\_\_\_\_ 8. Policy for Non-payment
  - \_\_\_\_\_ a. Attach company policy on how refusal to pay by homeowner's insurance company will be handled, and must be attached.
- \_\_\_\_\_ 9. Hold Harmless
  - \_\_\_\_\_ a. Contractors and its officers, employees, agents, representatives or subcontractors shall indemnify and hold harmless the Lockport Township Fire Protection District , its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses and other costs including litigation costs and attorney fees rising out of, resulting from, or in connection with all program activities.
- \_\_\_\_\_ 10. Response Policies
  - \_\_\_\_\_ a. Listed companies shall be able to respond within 60 minutes to the incident
  - \_\_\_\_\_ b. Listed companies shall have a permanent business address (No PO Box)
  - \_\_\_\_\_ c. Listed companies shall have a person call center 24/7 365 days a year
  - \_\_\_\_\_ d. Listed companies shall respond to the scene when called (No chasing)
  - \_\_\_\_\_ e. Listed companies that respond to the scene without being called will be removed from the list.
  - \_\_\_\_\_ f. When requested to the scene, the company will park away from the incident and report to the incident commander on arrival, vehicles and personnel. Will stay clear of the scene until authorized by the incident commander.

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- \_\_\_\_\_ g. Personnel shall not gather information from or speak with the homeowner (s) until authorized by the incident commander and after the fire investigation personnel are complete.
- \_\_\_\_\_ 11. Identification
  - \_\_\_\_\_ a. All vehicles at the scene must be marked with the company logo or name.
  - \_\_\_\_\_ b. Company personnel shall wear a company photo ID and some type of identifying shirt or uniform.
- \_\_\_\_\_ 12. Contractors services
  - \_\_\_\_\_ a. Board up: plywood cover up of all openings such as doors, windows, vent holes and fire openings to protect and secure the property.
  - \_\_\_\_\_ b. Roof Coverings: plastic and tarp cover up of roof and ceiling openings to prevent in climate weather damage.
  - \_\_\_\_\_ c. Debris: the cleanup of debris as required, and removal of debris from adjacent properties, streets and sidewalks.
  - \_\_\_\_\_ d. Fencing: the erection of cyclone or other approved type of fencing as required.
  - \_\_\_\_\_ e. Winterization

*I have read the attached Lockport Township Fire Protection Board up Rotation Program Policies and Procedures and agree to comply. Additionally, I have read, understand, and have initialed my agreement to comply with the sections listed above. I the undersigned agree to comply with the Lockport Township fire Protection District's policies and procedures and understand that this application is only good for one year from the signature date and at anytime the Lockport Township Fire Protection District in writing can request additional information. Additionally, I understand this is only an application and not a guarantee to be placed on a call out list.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Signature

\_\_\_\_\_  
Company Name