



Rural Volunteer Fire Department Insurance Program (HB 3667)

I certify that the names listed below are active insured members of the fire department.

VFD NAME		CHIEF OFFICER/PRESIDENT SIGNATURE		DATE	
<i>Please use full names.</i>					
1.		26.		51.	
2.		27.		52.	
3.		28.		53.	
4.		29.		54.	
5.		30.		55.	
6.		31.		56.	
7.		32.		57.	
8.		33.		58.	
9.		34.		59.	
10.		35.		60.	
11.		36.		61.	
12.		37.		62.	
13.		38.		63.	
14.		39.		64.	
15.		40.		65.	
16.		41.		66.	
17.		42.		67.	
18.		43.		68.	
19.		44.		69.	
20.		45.		70.	
21.		46.		71.	
22.		47.		72.	
23.		48.		73.	
24.		49.		74.	
25.		50.		75.	