



Independent Insurance Agents of South Dakota



Date of Survey _____
 Name and Address of Organization _____
 # Volunteers _____ # Calls Annually – Fire _____ Other _____
 Person Completing Survey _____ Phone # _____
 Trusted Choice Agent/Agency Submitting Survey _____
 Location _____ Phone # _____

Please identify the top three (3) critical equipment needs for the safety of your Firefighters and First Responder volunteers:

1. _____ # Needed _____ Estimated Cost \$ _____
2. _____ # Needed _____ Estimated Cost \$ _____
3. _____ # Needed _____ Estimated Cost \$ _____

Please provide a narrative describing why this equipment is needed and/or why the lack of this equipment placed **volunteers** at risk this past year.

Please identify the top three (3) critical needs and/or lifesaving equipment necessary for the safety of others.

1. _____ # Needed _____ Estimated Cost \$ _____
2. _____ # Needed _____ Estimated Cost \$ _____
3. _____ # Needed _____ Estimated Cost \$ _____

Please provide a narrative describing why this equipment is needed and/or why the lack of this equipment placed **others** at risk this past year.

To assist with communicating the importance of the need and telling the story to potential donors, photos of volunteers, fire trucks and equipment, and fire hall would be appreciated.

Please return form to: Independent Insurance Agents of South Dakota; 305 Island Dr.; Fort Pierre, SD 57532 or klongbrake@iiasd.org. Questions?: Please call (605) 224-6234