Outpatient Medical Facilities
Liability Application
Non–Emergency and Emergency Medical Transportation

Instructions:

The requested information is necessary before a quotation can be obtained.

Type or print clearly.

Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the appropriate space. Any spaces left blank will be interpreted to not apply.

Provide any supporting information on a separate sheet and reference the applicable question number.

Use ☒ for Yes or No answers and other selections.

This application must be completed, dated and signed by an authorized representative of the applicant. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

SECTION A. General Information

1. Legal name of the parent entity to be first named insured exactly as it shall be shown on the policy.

First Named Insured:	Street Address:
City, State, Zip Code:	County:
Website:	Current Year and Projected Revenues:
	- Expiring; Past 12 Months
	- Projected 12 Months

2. What year did operations begin: _____

3. Number of years under current management: _____ Number of years under current insurance agency: _____

4. Have you ever operated under a different name? ☐ Yes ☐ No

5. Is your service a subsidiary of another company? ☐ Yes ☐ No

   a. If yes, please explain. _____

6. Are any state and/or federal filings required? ☐ Yes ☐ No

   If yes, please list permit numbers and states: _____

7. How many vehicles does the applicant operate:

Operational Ambulances	_____	Vans/Mini Vans/Ambulettes	_____
Standby Ambulances	_____	Passenger Cars	_____
Buses	_____	Other (please specify)	_____

8. What is the applicant's radius of operation (in miles)? _____

9. Does the operating radius cross any state lines? ☐ Yes ☐ No

   If yes, into which states? _____

   Are services provided in any of these major Metropolitan Areas? Check all that apply:
   Atlanta GA ☐ Boston MA ☐ Chicago IL ☐ Houston TX ☐ Los Angeles CA ☐ San Francisco CA ☐ Seattle WA ☐ Washington DC ☐
   Miami FL ☐ New York City, NY incl the 5 boroughs ☐ Philadelphia PA ☐

10. What was the fleet's total mileage last year: _____

11. Type of service: (check all that apply)

- ☐ Ambulance
- ☐ Paramedic
- ☐ Adult Day Care
- ☐ Social Service Organizations Transportation
- ☐ Rescue Squad with Ambulance
- ☐ Fire Department with Ambulance
- ☐ Individual EMT
- ☐ Dispatch Service for Others
- ☐ First Responder
- ☐ Psychiatric
- ☐ Taxi/Limo/General Transportation Service
- ☐ Non-Emergency Medical
- ☐ Alarm Monitoring
- ☐ School Transportation
- ☐ Special Needs Transportation
- ☐ Rescue Squad without Ambulance
- ☐ Fire Department without Ambulance
- ☐ Individual Paramedic
- ☐ Air Ambulance
- ☐ Off Shore EMT
- ☐ Incarcerated
- ☐ Other _____

12. Indicate the number of annual calls:

Emergency (911)	_____	Non-911 Dispatch Services	_____
Ambulatory Transports	_____	School Transports	_____
Non-Emergency (Ambulance)	_____	Other:	_____
Wheelchair Transports	_____		

13. Please indicate the percentage of trips that fall into the following categories (columns should total to 100%):

Wheelchair:	_____	Curb-to-Curb:	_____	Prescheduled:	_____
Stretcher:	_____	Door-to-Door:	_____	On-Demand:	_____
Passenger:	_____	Door-through-Door:	_____	Emergency:	_____
	100%		**100%**		**100%**

14. What are the applicant's hours of operation? _____ Does the applicant provide weekend service? _____

15. Who dispatches calls for the applicant? _____
Do you utilize call screening measures to determine the use of lights and sirens by the dispatcher? _____

16. Has the applicant entered into any written contractual agreements to perform ambulance service for a government entity, hospital, or nursing home? ☐ Yes ☐ No
If yes, please explain: _____

17. Is the applicant aware of any circumstances which may result in a claim? ☐ Yes ☐ No
If yes, please provide full details: _____

18. Are there any losses in the prior five (5) years? ☐ Yes ☐ No

SECTION B. Historical Information

Policy Term	Vehicle Count	Number of Transports
Expiring:		
First Prior:		
Second Prior:		
Third Prior:		
Fourth Prior:		

SECTION C. Drivers

19. Please indicate the number of drivers that fall into the following categories:
    Total Number of Drivers: _____ Full-Time Drivers: _____ Volunteer Drivers: _____
    Part-Time Drivers: _____ Backup Drivers: _____ Contracted Drivers: _____

20. Indicate the number of drivers by type:
    EMT: _____ First Responder: _____ Paramedic: _____ Driver: _____ Other: _____

21. How many drivers are: Over 65? _____ Under 23? _____

22. If the applicant utilizes volunteer or contracted drivers, are they subject to all of the same qualifications as full-time and part-time drivers? ☐ Yes ☐ No

23. In the past twelve months, how many drivers were Added: _____ Replaced: _____

24. What is the basis for driver pay?
    ☐ Salary ☐ Hourly ☐ Trip ☐ Mileage ☐ Other

25. How often are MVRs checked for all drivers? _____
    25b. Does owner review MVRs for all drivers annually? ☐ Yes ☐ No If yes, do you use pre-established criteria? ☐ Yes ☐ No

26. What percentage of drivers are trained in the following:
    General Driver Orientation_____ Defensive Driving _____ CPR _____ Primary First Aid _____
    Advanced First Aid_____ Passenger Assistance _____ Non-Medical Emergency Training _____
    Emergency Vehicle Evacuation_____ Proper Wheelchair/Stretcher Securement Procedures _____

    26b: Is this training provided by a Medical Professional and/or Medical Director? ☐ Yes ☐ No
    26c ·How frequently do you provide mandated driver training: Annually ____ Bi-Annually ____ Other: _____ (please provide frequency)

SECTION D. Driver Hiring

27. Indicate the procedures used in the employee/driver selection process:
    ☐ Written Application ☐ Physical Examination ☐ Motor Vehicle Record Check
    ☐ Criminal Background Check ☐ Written Driving Exam ☐ References Check
    ☐ Pre-employment Drug Testing ☐ Road Test ☐ Physical Abilities Test

28. Does the applicant have written driver criteria in place? ☐ Yes ☐ No

29. Is there an experience requirement for newly hired drivers? ☐ Yes ☐ No
    If yes, what is the experience requirement? _____

30. Is there a minimum age requirement for drivers? ☐ Yes ☐ No
    If yes, what is the minimum age? _____

31. If MVRs are ordered, what are the applicant's standards for an acceptable MVR? _____

SECTION E. Wheelchairs

32. How many vehicles are equipped with lifts? _____

33. How many vehicles are equipped with ramps? _____

34. Do vehicles equipped with lifts or ramps exclusively transport non-ambulatory individuals? ☐ Yes ☐ No

35. Is all equipment factory installed during vehicle construction? ☐ Yes ☐ No

36. What types of wheelchairs are accommodated within the vehicles:
    ☐ Portable ☐ Motorized ☐ Youth/Child Stroller ☐ Tri-Wheeler/Scooter
    ☐ Lightweight ☐ Heavy Duty Industrial ☐ Reclining/Tilting

37. Are all persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs? ☐ Yes ☐ No

38. Are all restraint systems designed with a "4-point tie-down" and "forward facing" features? ☐ Yes ☐ No

39. How are wheelchairs secured to floor of vehicle? ☐ Fixed Access Locations ☐ Moveable Attachments ☐ Both

40. Are wheelchair passengers ever transported without the use of a restraint system? ☐ Yes ☐ No

41. Are passengers in scooter type chairs required to transfer to a wheelchair or a permanent seat after loading? ☐ Yes ☐ No

SECTION F. Stretchers

42. How many vehicles are equipped with stretcher equipment? _____

43. What types of stretchers are used in the vehicles? _____

44. Does the applicant use knee, hip, chest, and over the shoulder safety restraints on stretchers? ☐ Yes ☐ No

45. Do employees load and unload the stretchers? ☐ Yes ☐ No

If yes, what training on loading and unloading clients is provided?_____

46. Does an attendant accompany stretcher clients? ☐ Yes ☐ No

If yes, is the attendant:

☐ An employee of the applicant
☐ An employee of the organization requesting transport
☐ A personal assistant of the client

SECTION G. Safety Procedures

47. Does the applicant have a written safety program in place? ☐ Yes ☐ No

How long have these procedures been in place? _____

48. Does the insured employ a full-time Safety Director? ☐ Yes ☐ No

49. Does the insured have any salvaged vehicles in their fleet? ☐ Yes ☐ No

50. Is there a driver safety incentive plan in place? ☐ Yes ☐ No

If yes, please describe it: _____

51. Are drivers subject to random drug and alcohol testing? ☐ Yes ☐ No

52. Does the applicant maintain a drug and alcohol free workplace? ☐ Yes ☐ No

53. Is there a post-accident drug testing policy in place? ☐ Yes ☐ No

54. Are there formal accident investigation and review procedures in place? ☐ Yes ☐ No

55. Is there a progressive discipline policy for drivers involved in serious or multiple accidents/violations? ☐ Yes ☐ No

56. Does the applicant use global positioning systems (GPS) to monitor driver behavior? ☐ Yes ☐ No
(This question is **not** asking if GPS is used solely for navigation purposes.)

57. Are the vehicles equipped with cameras or accident event recorders? ☐ Yes ☐ No

58. Are there restrictions on the use of cell phones/hand-helds while operating vehicles? ☐ Yes ☐ No

59. Is there maximum number of driving violations allowed? ☐ Yes ☐ No

If yes, how many? _____

60. Is there maximum number of accidents allowed? ☐ Yes ☐ No

If yes, how many? _____

61. Does the applicant regularly perform pre-trip vehicle inspections? ☐ Yes ☐ No

62. Does the applicant regularly perform post-trip vehicle inspections? ☐ Yes ☐ No

63. Are call reports completed on every call and/or run? ☐ Yes ☐ No

SECTION H. Vehicle Maintenance

64. Does the applicant utilize a written vehicle maintenance program? ☐ Yes ☐ No

65. How often is maintenance performed? _____

66. Does the applicant maintain records listing vehicle defects and repairs? ☐ Yes ☐ No

67. Who performs maintenance on the fleet? ☐ In-house ☐ Outside Service

    Are they certified by the manufacturer? ☐ Yes ☐ No

68. Does the applicant keep maintenance repair records on file for all vehicles? ☐ Yes ☐ No

69. Does the applicant perform any aftermarket vehicle modifications? ☐ Yes ☐ No

    If yes, please explain: _____

70. Does the applicant lease, hire, or borrow vehicles from others? ☐ Yes ☐ No

71. Does the applicant lease, hire out, or loan vehicles to others? ☐ Yes ☐ No

72. Are all vehicles titled and licensed to the first named insured? ☐ Yes ☐ No

73. Is there any personal use of vehicles including owners/employees taking vehicles home? ☐ Yes ☐ No

74. If yes, please describe usage. _____

75. Where are vehicles stored after hours? _____

    What provisions are made for vehicles when stored? _____

    Are all vehicles garaged in the same location? ☐ Yes ☐ No

76. Do all vehicles comply with ADA standards? ☐ Yes ☐ No

SECTION I. Previous Insurance

77. **Professional Liability Insurance Coverage Information:** Provide the following information for each of the last three years starting with the current or expiring year.

Company	Policy Period	Limits of Liability	Retention/ Deductible	Premium	Claims-Made/ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence

78. **General Liability Insurance Coverage Information:** Provide the following information for each of the last three years starting with the current or expiring year.

Company	Policy Period	Limits of Liability	Retention/ Deductible	Premium	Claims-Made/ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Claims-Made Retro Date: _____ ☐ Occurrence

79. **Auto Liability Insurance Coverage Information:** Provide the following information for each of the last three years starting with the current or expiring year.

Company	Policy Period	Limits of Liability	Retention/ Deductible	Premium	Claims-Made/ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Occurrence
		$_____ / $_____	$_____ / $_____	$_____	☐ Occurrence

SECTION J. Fraud Warning, Declaration & Certification and Signature

SECTION I. Fraud Warning, Declaration & Certification and Signature

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: Any person who knowingly and with intent to defraud any Insurance company or Another person, files an application for insurance containing any materially false information, or conceals information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and MAY subject such person to criminal and civil penalties.

NOTICE TO OREGON APPLICANTS: WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

NOTICE TO TENNESSEE & WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER APPLICANTS:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS INFORMATION FOR THE PURPOSE OF MISLEADING, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

DECLARATION AND CERTIFICATION

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS TO THE COMPANY THAT ALL STATEMENTS MADE IN THIS APPLICATION AND ANY SUPPLEMENTS ATTACHED HERETO ABOUT THE APPLICANT AND ITS OPERATIONS ARE TRUE AND COMPLETE, AND THAT NO MATERIAL FACTS HAVE BEEN MISSTATED OR MISREPRESENTED IN THIS APPLICATION OR HAVE BEEN SUPPRESSED OR CONCEALED.

THE APPLICANT AGREES THAT IF AFTER THE DATE OF THIS APPLICATION, ANY INCIDENT, OCCURRENCE, EVENT OR OTHER CIRCUMSTANCE SHOULD RENDER ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION OR ANY OTHER DOCUMENTS SUBMITTED IN CONNECTION WITH THE UNDERWRITING OF THIS APPLICATION INACCURATE OR INCOMPLETE, THEN THE APPLICANT SHALL NOTIFY THE COMPANY OF SUCH INCIDENT, OCCURRENCE, EVENT OR CIRCUMSTANCE AND SHALL PROVIDE THE COMPANY WITH INFORMATION THAT WOULD COMPLETE, UPDATE OR CORRECT SUCH INFORMATION. ANY OUTSTANDING QUOTATIONS OR BINDERS MAY BE MODIFIED OR WITHDRAWN AT THE SOLE DISCRETION OF THE COMPANY.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. THE APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED BEFORE THE APPLICANT MAY BE BOUND AND A POLICY ISSUED. THE APPLICANT AGREES THAT THIS APPLICATION, IF THE INSURANCE COVERAGE APPLIED FOR IS WRITTEN, SHALL BE THE BASIS OF THE CONTRACT WITH THE INSURANCE COMPANY, AND BE DEEMED TO BE A PART OF THE POLICY TO BE ISSUED AS IF PHYSICALLY ATTACHED THERETO. THE APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIMS INFORMATION FROM ANY PRIOR INSURERS TO THE COMPANY.

THE APPLICANT AGREES TO COOPERATE WITH THE COMPANY IN IMPLEMENTING AN ONGOING PROGRAM OF LOSS-CONTROL AND WILL ALLOW THE COMPANY TO REVIEW AND MONITOR SUCH PROGRAMS THAT THE APPLICANT UNDERTAKES IN MANAGING ITS MEDICAL PROFESSIONAL EXPOSURES.

Applicant's Signature: _____ Date: _____

Title: _____