

**Emergency and Non-Emergency
Medical Transport
Paramedics, EMTS and First Responders
General Liability and Professional Liability
Supplemental Application
(Complete in addition to ACORD)**

1. Name of Applicant: _____
Website Address: _____
Insured Contact Name: _____ Insured Contact Phone No.: _____
Insured Contact Email Address: _____

2. Type of Organization: a. Emergency: _____%
 Non - Emergency (Ambulance) _____%
 Non - Emergency (Transport) _____%
b. Volunteer Individual Partnership Corporation For-Profit Non-Profit
c. Municipality (Fully describe interest, control, financial support): _____

d. Other (Please explain): _____

3. Date Established: _____

4. What states are you licensed or certified in? Provide details of what your license/certification allows you to do:

5. Are you affiliated with any other entity? Yes No
If yes, describe: _____

6. Population of area served: _____ Radius of Operation (Miles): _____

7. Sales (If applicable): \$ _____ # Volunteer Members: _____ # Paid Members: _____

8. Have you had previous insurance for this enterprise? Yes No
If yes, **please attach 3 years of General Liability, Professional and Commercial Auto loss runs.**

9. During the **past three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? Yes No
If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A13.

10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? Yes No
If yes, please provide full details on Attachment to A13.

11. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the **past three (3) years**? Yes No
If yes, please provide full details on Attachment to A13.

12. Type of Service:
 Air Ambulance Alarm Monitoring Ambulance Disaster Recovery Dispatch Service for Others
 Emergency Service at Special Events Fire Department with Ambulance Fire Department without Ambulance
 First Responder Individual EMT Paramedic
 Rescue Squad with Ambulance Rescue Squad without Ambulance Search and Rescue
 Special Events Other (Please specify): _____

13. Number of: Operational Ambulances _____ EMTs _____ First Responders _____
 Stand-By Ambulances _____ Paramedics _____ Chair Cars/Vans/Mini Vans _____
14. Do you use subcontractors? Yes No
15. Do you transport prisoners or psychiatric patients? Yes No
16. Do all non-emergency transport drivers have current CPR or AED certification? Yes No
17. Current Auto Insurer: _____ Limits: \$ _____ / _____

VEHICLE SCHEDULE MUST BE ATTACHED.

18. Are you owned, operated by or affiliated with a hospital, nursing home or assisted living facility? Yes No

19.

| Additional Insured | Describe Interests of Additional Insureds |
|--------------------|---|
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20. Are there written procedures in place requiring the documentation of all incidents? Yes No
21. Do you have any of the following written procedures and training in place?
- Loading and unloading Yes No
 - Wheelchair locking and tie-down Yes No
 - Emergency/accident reporting procedures Yes No
 - HIPAA regulation and policies Yes No
22. Do you perform background checks on all employees that include criminal background checks, sex offender registry and references? Yes No
23. Have you had any incidents or claims brought against you for sexual molestation or any other allegation of misconduct? Yes No

If you are a volunteer fire department with paramedics, EMTs and First Responders, or an Individual, please complete the following in addition to the above:

- What type of entity do you provide services for? _____
- What type of emergency services do you perform? _____
- Do you have any supervisory duties? Yes No
- If yes, please describe: _____
- Are you a Nurse Practitioner, Advanced Practical Nurse or Physician's Assistant? Yes No
- Please forward a copy of your current certification and/or licenses.

FRAUD WARNING: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

(FOR NEW YORK INSURED: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)

 Applicant's Signature

 Date

 Title

 Producing Agent