



**NON EMERGENCY MEDICAL TRANSPORTATION
SUPPLEMENTAL APPLICATION**
(Complete in addition to ACORD for general liability OR Garage Coverage)

- 1. Applicant's Name: _____
- 2. City, State, Zip Code: _____
- 3. Website: _____
- 4. Number of Years in Business: _____
- 5. Applicant Operates as: Non Profit For Profit
- 6. Prior Insurance Carrier Information for the Past Three Years:

Year	Carrier / Policy Number / Premium	Coverage

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
 No Yes – if 'yes', provide name of company, date and reason: _____

- 7. Specific Loss Information: (Include all allegations, suits, or incidents within the past 5 years which could result in a claim, regardless of whether or not covered by insurance)

Date	Description	Paid	Reserve

- 8. Please describe services provided and entities contracted with:

9. Coverages/Limits Desired:

<input type="checkbox"/> Premises Operations	\$ \$	Each Occurrence Limit General Aggregate
<input type="checkbox"/> Products-Completed Operations	\$	Aggregate
<input type="checkbox"/> Personal Injury	\$	Limit
<input type="checkbox"/> Fire Damage Legal Liability	\$	Limit
<input type="checkbox"/> Medical Payments	\$	Limit
<input type="checkbox"/> Professional Liability	\$ \$	Each Occurrence Limit Aggregate
<input type="checkbox"/> Sexual/Physical Abuse	\$ \$	Each Occurrence Limit Aggregate

10. Number of units maintained: Operational: _____ Stand-by: _____ Total: _____

11. Annual Receipts: _____

12. Number of Employees: _____

13. Number of trips annually: _____

14. What percentage of calls involve wheelchair transport? _____%

15. Describe wheelchair tie-down procedures: _____

16. Are drivers / attendants trained in wheelchair and other tie-down procedures?

17. Please indicate the number of drivers by type:
 EMT _____ Volunteer _____ First Responder: _____
 Paramedic _____ Driver _____ Other: _____

18. How often are MVR's checked for all drivers? _____

19. Are written transportation procedures in place to ensure the safe delivery of passengers? Yes No
 If yes, please provide a copy.

20. Please describe training procedures and any requirements for drivers:

21. Are criminal background checks required for all drivers? Yes No

22. Is a call report completed on each and every call / run? Yes No

23. Please describe procedures in place to ensure that customers are picked up and dropped off at the correct destinations, safely:

24. Have you entered into any written contractual agreements to perform services? Yes No

If yes, please describe (please provide a copy of the contract):

25. Is auto liability currently in force? Yes No

If yes, what limits? _____

26. Does the auto policy include coverage for loading and unloading? Yes No

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

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

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA 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: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND 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.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): 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.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files in 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S STATEMENT: I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ **DATE:** _____

CO-APPLICANT'S SIGNATURE: _____ **DATE:** _____

PRODUCER'S SIGNATURE: _____ **DATE:** _____

AGENT NAME: _____ **AGENT LICENSE NUMBER:** _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)