



**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: _____

2. Type of Organization: Volunteer Individual Partnership Corporation For-Profit Non-Profit
 Municipality (Fully describe interest, control, financial support.) _____
 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) \$ _____ Number of Volunteer Members: _____
 Number of Paid Members: _____

8. Have you had previous insurance for this enterprise? Yes No
 If yes, please attached 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 _____

 Stand-By Ambulances _____ Paramedics _____

 Chair Cars/Vans/Mini Vans _____ First Responders _____

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

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.

REMINDER: ACORD APPLICATIONS A125 AND A126 MUST BE COMPLETED AND ATTACHED IN ORDER TO OBTAIN A QUOTE.

Applicant's Signature

Date

Title

Producing Agent