

- A. The Application must be completed, signed and dated by a principal of the business.
- B. If a question does not apply, it should be noted as N/A.
- C. Target effective date.

1. General Information	
Name of Applicant/Entity	<input type="text"/>
DBA Name, if applicable	<input type="text"/>
Federal Employer Identification Number (FEIN)	<input type="text"/>
List States You Operate In	<input type="text"/>
USDOT Number(s)	<input type="text"/>
Name and Title of Corporate Contact	<input type="text"/>
Phone Number	<input type="text"/>
E-Mail Address	<input type="text"/>
Corporate Address	<input type="text"/>
Mailing Address (if different than above)	<input type="text"/>
Number of Locations (including garaging locations)	<input type="text"/>
Website URL	<input type="text"/>
Years in Business	<input type="text"/>
Does the Applicant provide services other than passenger-mobility transport or patient transport? If YES, describe.	<input type="text"/>

2. Emergency/Emergent Services	YES	NO	NA
Is the applicant licensed by the state(s) to respond to EMS/911 emergency calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the applicant licensed by the state(s) to run lights/sirens?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant run lights/sirens within the past three years? If YES, how many times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Transport Services									
<i>Please provide an amount as a percentage of total trips for each. Each column should total 100%</i>									
General Public Transportation	<input type="text"/>	Wheelchair	<input type="text"/>	Curb to Curb	<input type="text"/>	Pre-Scheduled	<input type="text"/>	Radius 0-50 miles	<input type="text"/>
Non-Emergency Transportation	<input type="text"/>	Stretcher	<input type="text"/>	Door to Door	<input type="text"/>	On-Demand	<input type="text"/>	Radius 51-200 miles	<input type="text"/>
Charter/Livery	<input type="text"/>	Ambulatory	<input type="text"/>	Door Through Door	<input type="text"/>	Fixed Route	<input type="text"/>	Radius 200+ miles	<input type="text"/>
BLS	<input type="text"/>								
ALS	<input type="text"/>								
EMS/911	<input type="text"/>								
Rideshare	<input type="text"/>								
Air Transport	<input type="text"/>								
Other, Please Describe Below	<input type="text"/>								
<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>	<b>TOTAL</b>	<b>100%</b>

4. Gross Revenue				
Projected	Current Year	1 Year Prior	2 Years Prior	3 Years Prior
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

5. Vehicle Count History				
Projected	Current Year	1 Year Prior	2 Years Prior	3 Years Prior
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Extended Reporting Period Coverage	YES	NO	NA
Did the Applicant purchase Extended Reporting Period coverage for previously owned entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "NO", provide detail. <input type="text"/>			
Within the past five years, has the Applicant acquired, sold, or discontinued any operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If YES, provide detail. <input type="text"/>			
If YES, does the Applicant require insurance coverage for previously owned entities?			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Current Coverages				
Coverages	Insurer Limits of Liability	Deductible	Claims Made or Occurrence	Retroactive Date if Claims Made
Professional Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commercial General Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employee Practices Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cyber Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Auto Liability	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Umbrella	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Employee Data				
Staff Numbers/ Employees & Independent Contractors	# of Full Time Employees	# of Part Time Employees	Annual Payroll	# of 1099s
Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paramedic/ Critical Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanics	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. Vehicle Exposure**

Construction Building Type	<input type="text"/>	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Parking Lot		Owned <input type="checkbox"/>	Leased <input type="checkbox"/>
Lights		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Guarded		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are more than 25% of vehicles parked in same location?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Can vehicles be garaged/parked at employees' home?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, does the applicant have additional Comprehensive coverage sufficient to cover physical loss of vehicles?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, can the vehicle be used for noncompany business?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are all vehicles titled and registered to the named insured?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are oxygen tanks secured?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Permanently installed medical equipment	Total Value \$	<input type="text"/>	
Number of vehicles with lift	<input type="text"/>		

**10. Contracts/ Service Agreements**

	YES	NO	NA
If the Applicant provides services to another entity (e.g. nursing homes, assisted living, other aging services organizations, day care centers and governmental agencies) does the Applicant have a written contract or agreement in place with said entity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does an attorney review all contracts and agreements prior to signing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the Applicant contract with or receive reimbursement from:			
Adult Day Care Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Plan/Health Insurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent living Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rideshare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Medicaid Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>11. Hiring/ Screening &amp; Employment Procedures</b>	<b>YES</b>	<b>NO</b>
References are contacted before hiring or placement.	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Records (MVRs) are checked before hiring and annually.	<input type="checkbox"/>	<input type="checkbox"/>
Drivers are not permitted to drive if the MVR indicates serious/major moving violations or serious preventable accidents within past three years.	<input type="checkbox"/>	<input type="checkbox"/>
Drivers are not permitted to drive if drug or alcohol related offenses in the past three years.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a drug and alcohol screening program	<input type="checkbox"/>	<input type="checkbox"/>
Verification of professional license (EMT, Paramedic, Physician, Nurse Practitioner, Physician Assistant, Nurse, Respiratory Therapist, etc.) and professional license suspensions/revocations/pending disciplinary actions before hiring and annually	<input type="checkbox"/>	<input type="checkbox"/>
Background checks	<input type="checkbox"/>	<input type="checkbox"/>
Pre-placement evaluations and testing	<input type="checkbox"/>	<input type="checkbox"/>
Do you require all drivers to have a physical examination every 2 years? If NO, all drivers to have a physical examination upon 60 days of binding insurance.	<input type="checkbox"/>	<input type="checkbox"/>
All drivers are at least 22 years old.	<input type="checkbox"/>	<input type="checkbox"/>
All drivers are licensed and have driven for at least three years.	<input type="checkbox"/>	<input type="checkbox"/>
All drivers have a U.S. state-issued driver's license.	<input type="checkbox"/>	<input type="checkbox"/>

<b>12. Safety Program Elements</b>	<b>YES</b>	<b>NO</b>
Documented Driver and Passenger Safety program in place	<input type="checkbox"/>	<input type="checkbox"/>
Drivers are trained in the use of specialized vehicle equipment prior to transporting passengers.	<input type="checkbox"/>	<input type="checkbox"/>
Passenger trip reports are maintained for every transport.	<input type="checkbox"/>	<input type="checkbox"/>
Transports are preplanned to ensure that pickup/delivery locations are accessible for the vehicles and staff.	<input type="checkbox"/>	<input type="checkbox"/>
Staff receives training in safe assist of passengers.	<input type="checkbox"/>	<input type="checkbox"/>
Passenger mobility requirements are known pre-transport by the driver.	<input type="checkbox"/>	<input type="checkbox"/>
Passengers are required to wear seatbelts/restraints at all times.	<input type="checkbox"/>	<input type="checkbox"/>
Patients transported in wheelchairs are secured.	<input type="checkbox"/>	<input type="checkbox"/>
Vehicles have special securing systems for motorized wheelchairs, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
All drivers are trained with handling pediatric passengers	<input type="checkbox"/>	<input type="checkbox"/>
Bariatric special accommodations include bariatric power-lift stretchers, bariatric wheelchairs, and additional transport staff.	<input type="checkbox"/>	<input type="checkbox"/>
Documented procedures are followed after an accident.	<input type="checkbox"/>	<input type="checkbox"/>
All accidents are reviewed.	<input type="checkbox"/>	<input type="checkbox"/>

13. Driver Safety & Driver Telematics				YES	NO	NA
Automatic Braking Sensor, or Any Other Type of Active Accident Avoidance Technology				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Seat Vibration or Audible Alarm, or Other Type of Passive Accident - Avoidance Technology				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duel Facing Cameras				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of vendor, if applicable. <input type="text"/>						
If telematics are used, does the system include:						
Acceleration Events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert/ notify supervisor				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braking Events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cornering Events				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distraction Alerts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Risk Warnings				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real-Time Prevention				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailgating Alerts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Scoring				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Litigation/Claims History/ Sanctions/Fines/Driving Violations:		YES	NO
<i>Additional information must be provided to the Application on the Applicant's letterhead if the response is "YES" to any of the questions below.</i>			
Is the Applicant or any of its employees aware of any incident (including requests for medical records), circumstance or occurrence which may result in a claim and which has not been reported to another insurer?		<input type="checkbox"/>	<input type="checkbox"/>
Has the entity's license ever been suspended, revoked or voluntary surrendered?		<input type="checkbox"/>	<input type="checkbox"/>
Has any company with which the Applicant has been affiliated become insolvent?		<input type="checkbox"/>	<input type="checkbox"/>
Has any federal/state civil/criminal investigation or action been initiated or filed that directly or indirectly involves the Applicant's organization?		<input type="checkbox"/>	<input type="checkbox"/>
Has the organization, its employees, medical staff, or officers been sanctioned or experienced disciplinary actions or limitations on licensure brought against them by federal or state authorities, professional medical societies accreditation agencies or other governmental or non-governmental oversight entities?		<input type="checkbox"/>	<input type="checkbox"/>

## AUTHORIZATION

I have answered the questions in the Application to the best of my ability and declare that, to the best of my knowledge, the statements set forth herein are true and correct. My signing of the Application does not bind the Insurance Company to complete the insurance, but it is agreed that this Application shall be the basis of the contract if a policy is issued. It is agreed that the Application shall be on file with Company. I further understand that an incorrect or incomplete statement or answer in the Application could void my insurance coverage, if issued. I further understand that an incorrect or incomplete statement or answer could void my insurance coverage.

## FRAUD NOTICE - WHERE APPLICABLE UNDER THE LAW OF YOUR STATE

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 or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to civil fines and criminal penalties (for New York residents only: 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.) (For Pennsylvania Residents only: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000.) (For Tennessee Residents only: Penalties include imprisonment, fines and denial of insurance benefits.)

### **A signature from the Applicant can be obtained electronically or as a "wet" signature prior to quote or binding.**

If the Applicant decides to submit its signature electronically, the Applicant must check the "Accept" button below. By doing so the Applicant hereby consents and agrees that its use of a key pad, mouse or other device to check the "Accept" button constitutes its "signature", acceptance and agreement as if actually signed by the Applicant in writing and has the same force and effect as a signature affixed by hand. Further, the Applicant agrees the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of its signature of any resulting contract. After checking the "Accept" button the Applicant must type in the name of the person completing this application, including the Applicant's title and the date signed.

If the Applicant decides to submit a "wet" signature, the Applicant must sign, and add the title and date to the Application prior to quoting or binding.

### **ELECTRONIC SIGNATURE**

Accept

Name

Title

Date

### **WET SIGNATURE**

Name

Title

Date

Signature in full \_\_\_\_\_