

NON-EMERGENCY MEDICAL TRANSPORTATION

# Information Needed for Insurance Quote



- 1 Copy of Current Policies**
- 2 Loss Runs**  
5 Year currently valued loss runs. If you do not have loss runs available, please [fill out attached.](#)
- 3 Submit a Current Vehicle List**  
Submit a current vehicle list, preferably in [attached Excel format.](#)
- 4 Submit Driver List**  
Submit a copy of Driver List preferably in [attached Excel format.](#)
- 5 Supplemental Application**  
Application attached.

**CONTACT US TODAY**

1-800-847-0544 • [nemt@clginsurance.com](mailto:nemt@clginsurance.com)