



- Ace American Insurance Company
- Illinois Union Insurance Company
- Westchester Surplus Lines Insurance Company

**Healthcare/Miscellaneous Facilities**  
**Liability Application**  
**Non-Emergency Medical Transportation Supplement**

**Instructions:**

The requested information is necessary before a quotation can be obtained.

Type or print clearly.

Answer ALL questions completely, leaving no blanks. If any questions, or part thereof, do not apply, print "N/A" in the appropriate space. Any spaces left blank will be interpreted to not apply.

Provide any supporting information on a separate sheet and reference the applicable question number.

Use Y for Yes or No answers and other selections.

This application must be completed, dated and signed by an authorized representative of the applicant. Underwriters will rely on all statements made in this application.

The information requested in this application is for underwriting purposes only and does not constitute notice to the Company under any Policy of a claim or potential claim. All such notices must be submitted to the Company pursuant to the terms of the Policy, if and when issued.

**NOTICE:** This supplement is part of the main Healthcare/Miscellaneous Liability Application and is subject to the same warranties, representations and conditions. All relevant sections of the main application also apply to, and shall contemplate, applicants subject to this supplement. This includes but is not limited to the main application sections for Loss Experience, Coverage Requested, Exposures (prospective and historical Professional Liability, General Liability, Home Health Care and/or Hospice Services, Staffing Agency Services, Aircraft Liability, Automobile Liability, Watercraft Liability, and Employer's Liability), Excess Liability, Professional Employees and Staff, License/Certification Information, Risk Management, Employment Practices, Previous Insurance, Prior Acts Warranty (if applicable), Fraud Warning, Declaration & Certification, and Signature.

**SECTION A. General Information**

1. Legal name of the parent entity to be first named insured exactly as it shall be shown on the policy.

First Named Insured Street Address

\_\_\_\_\_

City, State, Zip Code County

\_\_\_\_\_

\_\_\_\_\_

2. Are any state and/or federal filings required? Yes No

If yes, please list permit numbers and states: \_\_\_\_\_

3. How many vehicles does the applicant operate:

Operational Ambulances \_\_\_\_\_ Vans/Mini Vans/Ambulettes \_\_\_\_\_

Standby Ambulances \_\_\_\_\_ Passenger Cars \_\_\_\_\_

Buses \_\_\_\_\_ Other (please specify) \_\_\_\_\_

4. What is the applicant's radius of operation (in miles)? \_\_\_\_\_

5. Does the operating radius cross any state lines? Yes No

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5. Does the operating radius cross any state lines? Yes No  
If yes, into which states? \_\_\_\_\_

6. What was the fleet's total mileage last year: \_\_\_\_\_

7. Type of service:

Ambulance	Non-Emergency
Paramedic	Alarm Monitoring
Rescue Squad with Ambulance	Rescue Squad without Ambulance
Fire Department with Ambulance	Fire Department without Ambulance
Individual EMT	Individual Paramedic
Dispatch Service for Others	Air Ambulance
First Responder	Off Shore EMT
Other: _____	

8. Indicate the number of annual calls:

Emergency \_\_\_\_\_  
Non-Emergency (Ambulance) \_\_\_\_\_  
Non-Emergency (Transport) \_\_\_\_\_

9. Please indicate the percentage of trips that fall into the following categories (columns should total to 100%):

Wheelchair: _____	Curb-to-Curb: _____	Prescheduled: _____
Stretcher: _____	Door-to-Door: _____	On-Demand: _____
Passenger: _____	Door-through-Door: _____	Emergency: _____
<b>100%</b>	<b>100%</b>	<b>100%</b>

10. What are the applicant's hours of operation? \_\_\_\_\_

11. Who dispatches calls for the applicant? \_\_\_\_\_

12. Has the applicant entered into any written contractual agreements to perform ambulance service for a government entity, hospital, or nursing home? Yes No  
If yes, please explain: \_\_\_\_\_

13. Is the applicant aware of any circumstances which may result in a claim? Yes No  
If yes, please provide full details: \_\_\_\_\_

14. Are there any losses in the prior five (5) years? Yes No  
If yes, please provide full details: \_\_\_\_\_

## SECTION B. Drivers

15. Please indicate the number of drivers that fall into the following categories:

Total Number of Drivers: \_\_\_\_\_ Full-Time Drivers: \_\_\_\_\_ Volunteer Drivers: \_\_\_\_\_  
Part-Time Drivers: \_\_\_\_\_ Backup Drivers: \_\_\_\_\_

16. Indicate the number of drivers by type:

EMT: \_\_\_\_\_ Volunteer: \_\_\_\_\_ First Responder: \_\_\_\_\_  
Paramedic: \_\_\_\_\_ Driver: \_\_\_\_\_ Other: \_\_\_\_\_

17. If the applicant utilizes volunteer drivers, are they subject to all of the same qualifications as full-time and part-time drivers? Yes No

18. In the past twelve months, how many drivers were Added: \_\_\_\_\_ Replaced: \_\_\_\_\_

19. What is the basis for driver pay?  
Salary Hourly Trip Mileage Other

20. How often are MVRs checked for all drivers? \_\_\_\_\_

21. What percentage of drivers are trained in the following:

20. How often are MVRs checked for all drivers? \_\_\_\_\_

21. What percentage of drivers are trained in the following:

General Driver Orientation \_\_\_\_\_ Defensive Driving \_\_\_\_\_ CPR \_\_\_\_\_ Primary First Aid \_\_\_\_\_  
Advanced First Aid \_\_\_\_\_ Passenger Assistance \_\_\_\_\_ Non-Medical Emergency Training \_\_\_\_\_  
Emergency Vehicle Evacuation \_\_\_\_\_ Proper Wheelchair/Stretcher Securement Procedures \_\_\_\_\_

### SECTION C. Driver Hiring

22. Indicate the procedures used in the employee/driver selection process:

Written Application \_\_\_\_\_ Physical Examination \_\_\_\_\_ Motor Vehicle Record Check \_\_\_\_\_  
Criminal Background Check \_\_\_\_\_ Written Driving Exam \_\_\_\_\_ References Check \_\_\_\_\_  
Pre-employment Drug Testing \_\_\_\_\_ Road Test \_\_\_\_\_

23. Does the applicant have written driver criteria in place? Yes No

24. Is there an experience requirement for newly hired drivers? Yes No

25. Is there a minimum age requirement for drivers? Yes No  
If yes, what is the minimum age? \_\_\_\_\_

26. If MVRs are ordered, what are the applicant's standards for an acceptable MVR? \_\_\_\_\_

### SECTION D. Wheelchairs

27. How many vehicles are equipped with lifts: \_\_\_\_\_

28. How many vehicles are equipped with ramps: \_\_\_\_\_

29. Is all equipment factory installed during vehicle construction? Yes No

30. What types of wheelchairs are accommodated within the vehicles:

Portable \_\_\_\_\_ Motorized Youth/Child Stroller \_\_\_\_\_ Tri-Wheeler/Scooter \_\_\_\_\_  
Lightweight Heavy Duty Industrial \_\_\_\_\_ Reclining/Tilting \_\_\_\_\_

31. Are all persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs? Yes No

32. Are all restraint systems designed with a "4-point tie-down" and "forward facing" features? Yes No

33. Is floor securement of wheels accomplished with fixed access locations or movable attachments? \_\_\_\_\_

34. Are wheelchair passengers ever transported without the use of a restraint system? Yes No

35. Are passengers in scooter type chairs required to transfer to a wheelchair or a permanent seat after loading?  
Yes No

### SECTION E. Stretchers

36. How many vehicles are equipped with stretcher equipment? \_\_\_\_\_

37. What types of stretchers are used in the vehicles? \_\_\_\_\_

38. Does the applicant use knee, hip, chest, and over the shoulder safety restraints on stretchers? Yes No

39. Do employees load and unload the stretchers? Yes No  
If yes, what training is on loading and unloading clients is provided? \_\_\_\_\_

40. Does an attendant accompany stretcher clients? Yes No  
If yes, is the attendant:

An employee of the applicant

An employee of the organization requesting transport

- If yes, is the attendant:
  - An employee of the applicant
  - An employee of the organization requesting transport
  - A personal assistant of the client

## **SECTION F. Safety Procedures**

- 41. Does the applicant have a written safety program in place? Yes No
- 42. Is there a driver safety incentive plan in place? Yes No  
If yes, please describe it: \_\_\_\_\_
- 43. Are drivers subject to random drug and alcohol testing? Yes No
- 44. Does the applicant maintain a drug and alcohol free workplace? Yes No
- 45. Is there a post-accident drug testing policy in place? Yes No
- 46. Are there formal accident investigation and review procedures in place? Yes No
- 47. Does the applicant use global positioning systems (GPS) to monitor driver behavior? Yes No
- 48. Are the vehicles equipped with cameras or accident event recorders? Yes No
- 49. Is there maximum number of driving violations allowed? \_\_\_\_\_
- 50. Is the maximum number of accidents allowed? \_\_\_\_\_
- 51. Does the applicant regularly perform pre-trip vehicle inspections? Yes No
- 52. Does the applicant regularly perform post-trip vehicle inspections? Yes No
- 53. Are call reports completed on every call and/or run? Yes No

## **SECTION G. Vehicle Maintenance**

- 54. Does the applicant utilize a written vehicle maintenance program? Yes No
- 55. Does the applicant maintain records listing vehicle defects and repairs? Yes No
- 56. Who performs maintenance on the fleet:
  - In-house
  - Outside ServiceAre they certified by the manufacturer? Yes No
- 57. Does the applicant keep maintenance repair records on file for all vehicles? Yes No
- 58. Does the applicant perform any aftermarket vehicle modifications? Yes No  
If yes, please explain: \_\_\_\_\_
- 59. Does the applicant lease, hire, or borrow vehicles from others? Yes No
- 60. Does the applicant lease, hire out, or loan vehicles to others? Yes No
- 61. Is there any personal use of vehicles? Yes No
- 62. Where are vehicles stored after hours? \_\_\_\_\_  
What provisions are made for vehicles when stored? \_\_\_\_\_
- 63. Do all vehicles comply with ADA standards? Yes No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_