

Passenger Vehicle		
Wheelchair Van		
Fixed Wing Aircraft		
Helicopter		
Other (describe):		

5. Please specify the percentage of transports that utilize the following: (Does not have to equal 100%)
 % Advanced Life Support (ALS) % Basic Life Support (BLS)

6. Please specify the percentage of specialty services performed: (Does not have to equal 100%):

Bariatric Transportation	%	Organ Courier/Donation Transportation	%
Correctional/Prisoner Transportation	%	Psychiatric Transportation	%
Dispatch Services Only	%	Ridesharing Transportation	%
Escort/Travel Companion Services	%	School Transportation	%
Firefighting/Natural Disaster Response	%	Standby or Special Events Medical Service	%
International Transportation	%	Taxi Services	%
Lifeguarding	%	Training (non-staff) – EMS, First Aid/AED	%
Offshore/Confined space/Water Rescue	%	Other (describe) _____	%

7. Please specify the percentage of transports provided: (Must equal 100%)

% Door through Door % Door to Door % Curb to Curb

8. Please specify the percentage of transports contracted through the following: (Does not have to equal 100%)

% Clinics % Counties % Doctor’s Office % Hospitals
 % Nursing Homes % Psychiatric Hospital % Rehabilitation

Dispatch Services

9. What entity dispatches calls? 911 In-house Outside sources

a. If in house, is experience required? Yes No

b. Please describe outside sources: _____

10. Does the applicant record all incoming calls? Yes No

11. Does the applicant keep records of each request for service? Yes No

12. Complete the following if the applicant provides dispatch services or transport coordination for others: N/A

a. Any contracts with a Managed Care Organization, government entity, hospital, or municipality? Yes No

Please describe: _____

b. Does the applicant require transport providers to maintain separate liability insurance that responds to professional liability, auto accidents, loading and unloading and sexual/physical misconduct? Yes No

c. What limit of liability is required for transport providers for the above perils? _____

d. Are Certificates of Insurance of transport providers kept on file and collected at least annually? Yes No



Emergency Services

Services not applicable

13. Does the applicant administer anesthesia? Yes No
 a. Who is administering the anesthesia? _____
 b. Describe the circumstances: _____
14. Does the applicant perform field intubation, transport patients with tracheal tubes or transport patients who are ventilator dependent? Yes No
15. Does the applicant have protocols in place stating when Emergency Warning Systems **must** be and **may** be activated? Yes No

Special Event/Stand-by Services

Services not applicable

16. Describe the type of events where services are provided: _____
17. Does the applicant provide any emergency rescue operations? Yes No
 Please describe the additional training/certification required: _____
18. Does the applicant provide any services at concerts, festivals, or mass gathering events? Yes No
19. Is the applicant responsible for crowd control or security services? Yes No
20. Is the applicant responsible for arranging hospital transfers? Yes No

Healthcare Staff

21. Professional Staff:

	Employed			Contracted/1099		
	Full Time	Part Time	Hours (Weekly)	Full Time	Part Time	Hours (Weekly)
Dispatchers						
Drivers						
EMTs						
Firefighters						
Flight Nurses						
Flight Surgeons						
Lifeguards						
Paramedics						
Other (describe)						

Risk Management

22. Briefly describe the applicant's culture and approach to risk management:

23. In relation to hiring, does the applicant currently:

Employee Hiring Procedures	Yes	No
Check Motor Vehicle Records (MVRs) Annually		
Require regular drug testing on drivers		
Require a job specific physical exam		
Require a ride along driving test		
Require a written driving exam		
Require all individuals with driving responsibilities to have no prior DUI convictions		

24. Does driver training include the following:

Driver Training	Yes	No
Advanced First Aid		
CPR/AED		
Defensive Driving		
Basic First Aid		
General Driving Orientation		
Oxygen Tank Storage and Handling		
Passenger Assistance		
Wheelchair/Stretcher Securement		
Written Safety Program		

25. Are written policies in place regarding the following:

Risk Management Policies	Yes	No
ADA compliance		
Accident files/ reports		
Medical Record Documentation/HIPAA		
Patient Rights & Refusal of Treatment		



Prohibit shifts longer than 12 hours		
Severe Weather		
Usage of knee, hip, chest, and over the shoulder safety restraints or stretchers		
Vehicle maintenance and repair		

26. Are vehicles equipped with the following:

Vehicle Equipment	Yes	No
Cardiac Monitoring		
CO2 Sensor		
Defibrillators		
Emergency Cardiac Drugs		
Emergency Warning Systems (EWS)		
GPS Tracking		
Intubation Kits		
In-Vehicle Cameras		
Mechanical Lifts/Ramp		
Outside Cameras		
Oxygen		
Pulse Oximeters		
Vehicle Technology for Driver Monitoring		
Ventilators		

27. Are the following procedures in place for transports:

Services not applicable

Transport Procedures	Yes	No
Use a stair-chair when transporting wheelchair-bound patients up/downstairs		
Passenger restraint systems which include a 4-point tie down and forward-facing methods		
Intubations required to be performed by a Paramedic or EMT with specialized training		
Have a mandatory lift assist policy?		
Provide written documentation, patient report, and face-to-face communication of patient's history upon transfer to a facility?		
Does the applicant request permission to assist ambulatory and/or walker passengers prior to entering and exiting the vehicle?		
For interfacility transfer, does the applicant have standardized procedures that address pre-hospital reporting before a patient arrives, face-to-face communication upon arrival and written patient reports?		
Does the applicant perform regular welfare checks on patients during long distance trips?		

28. Are the following procedures in place for controlled substances:

Services not applicable

Controlled Substances	Yes	No
Are transport vehicles equipped with controlled substances?		
Does the applicant track and analyze the administration of controlled substances to identify outliers for questionable administration patterns of staff?		
Controlled Substances		
Does the applicant have a formal risk management program in place to reduce the possibility of stolen or tampered controlled substances on board?		
Does the applicant have reporting procedures to address if a controlled substance has been tampered with, missing, or damaged?		

Auto Coverage Information

Please provide certificate of insurance with submission.

29. Name of applicant's Auto/Aircraft Liability Insurer: _____

30. Limits of Liability: _____

31. Does the applicant have coverage for loading and unloading of patients and/or passengers through their

Auto/Aircraft Policy?

Yes No

a. If so, is coverage Affirmative Silent

SIGNATURE SECTION

THE UNDERSIGNED IS AUTHORIZED BY THE APPLICANT TO SIGN THIS APPLICATION ON THE APPLICANT'S BEHALF AND DECLARES THAT THE STATEMENTS CONTAINED IN THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION AND THE UNDEWRITING OF THIS INSURANCE ARE TRUE, ACCURATE AND NOT MISLEADING. SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THE STATEMENTS CONTAINED IN THIS APPLICATION AND ANY OTHER INFORMATION AND MATERIALS SUBMITTED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING OF THIS INSURANCE ARE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED AND HAVE BEEN RELIED UPON BY THE INSURER IN ISSUING ANY POLICY. FOR NORTH CAROLINA APPLICANTS, SUCH APPLICATION MATERIALS ARE PART OF THE POLICY, IF ISSUED, ONLY IF ATTACHED AT ISSUANCE.

THIS APPLICATION AND ALL INFORMATION AND MATERIALS SUBMITTED WITH IT SHALL BE RETAINED ON FILE WITH THE INSURER. THE INSURER IS AUTHORIZED TO MAKE ANY INVESTIGATION AND INQUIRY AS IT DEEMS NECESSARY REGARDING THE INFORMATION AND MATERIALS PROVIDED TO THE INSURER IN CONNECTION WITH THE UNDERWRITING AND ISSUANCE OF THE POLICY.

THE APPLICANT AGREES THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION OR IN CONNECTION WITH THE UNDERWRITING OF THE POLICY CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION FOR INSURANCE AND REPRESENT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

FRAUD WARNING DISCLOSURE

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT (S)HE IS FACILITATING A FRAUD AGAINST THE INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, AND 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.

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 POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER 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.

NOTICE TO CALIFORNIA APPLICANTS: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.



NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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: AN ACT COMMITTED BY 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.

NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON 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 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 OKLAHOMA APPLICANTS: WARNING: 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 OREGON APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD OR SOLICIT ANOTHER TO DEFRAUD THE INSURER BY SUBMITTING AN APPLICATION CONTAINING A FALSE STATEMENT AS TO ANY METERIAL FACT MAY BE VIOLATING STATE LAW.

NOTICE TO KENTUCKY, NEW JERSEY, OHIO, AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIMS 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. IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed*: _____ Date: _____

Print Name: _____ Title: _____
(Owner, Partner, Authorized Officer)

If this **Application** is completed in Florida, please provide the Insurance Agent's name and license number. If this **Application** is completed in Iowa, please provide the Insurance Agent's name and signature only.

Agent's Printed Name:

Florida Agent's License Number:

Agent's Signature:

*If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a keypad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Electronic Signature and Acceptance – Authorized Representative

Electronic Signature and Acceptance - Producer

