MarketScout
A DIVISION OF NOVATAE

PROFESSIONAL LIABILITY APPLICATION FOR NON-EMERGENCY MEDICAL TRANSPORT AND AMBULANCE SERVICES

Instructions: Answer all questions; applicant's name must include the names of all businesses and locations for which coverage is desired; attach a separate sheet if necessary. If an answer is none, state none. If the answer is not applicable, state (N/ A). If the space provided is insufficient to fully answer the question, please attach a separate sheet.

Please type or print in ink.

PART I. GENERAL INFORMATION

1. Applicant Name: _____
2. Mailing Address: _____
3. Location Address(es): _____

   _____
4. Contact Name: _____ Title: _____
5. Date Established: _____
6. The applicant is:

   [ ] Corporation [ ] Sole Practitioner [ ] Employee (W-2) [ ] Independent Contractor (1099)

   [ ] Sole Proprietorship [ ] Partnership [ ] Student [ ] Other; Describe: _____
7. Entity is: [ ] For Profit [ ] Non-Profit

   Describe source of funds: _____
8. If an Individual, what is your profession? _____

   How many years have you been in this industry? _____
9. Is your service a subsidiary of another company?

   If yes, please explain _____
10. If an Individual, what companies do you contract with and/or perform services for? _____

    _____

PART II. EXPOSURES

1. Service is licensed as: _____

   Describe the nature of insured's operations including types of services rendered and activities conducted:

   _____

   _____

2. Annual gross receipts or Budget: Estimated next 12 months: $ _____

   Last 12 months: $ _____

3. Total number of scheduled patient transport (non-emergency) runs last year: _____

   Estimated next year: _____

4. Total number of emergency runs last year: _____ Estimated next year: _____

5. Type of Service: (check where applicable)

[ ] Non-Emergency Medical	[ ] Individual EMT	[ ] Ambulance
[ ] Rescue Squad with Ambulance	[ ] First Responder	[ ] City/County Owned & Operated
[ ] Adult Day Care	[ ] Fire Department	[ ] Other, Describe:
[ ] Public Service	[ ] Hospital Based	

6. Does the applicant provide any services that include the transportation of minors? [ ] Yes [ ] No
   If yes, please provide details and confirmation that parental consent is required: _____

   _____

7. How many vehicles does the Applicant operate:

   Operational _____ Non-Emergency Vans _____ Other (specify) _____
   Ambulances _____ Vans/Ambulances _____
   Buses _____ Passenger Cars _____

8. Radius of operations (miles): _____

9. Does the radius of operations cross any state lines? [ ] Yes [ ] No
   If yes, which states: _____

10. Who dispatches calls for the Applicant? _____

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

Wheelchair: _____	Curb-to-Curb: _____	Pre-Scheduled: _____
Stretcher: _____	Door-to-Door: _____	On-Demand: _____
Passenger: _____	Door-through-Door: _____	Emergency: _____
TOTAL 100%	**TOTAL 100%**	**TOTAL 100%**

PART III. DRIVERS AND HIRING

1. Qualifications and number of Personnel:

Employed	Contract	Volunteer	
_____	_____	_____	Advanced First Aid and/or Red Cross
_____	_____	_____	CPR Certificate Only
_____	_____	_____	EMT Basic
_____	_____	_____	EMT Advanced or Intermediate (IV)
_____	_____	_____	EMT Paramedic
_____	_____	_____	Nurse (RN or LPN)
_____	_____	_____	Physicians or Surgeons *
_____	_____	_____	Other, Describe: _____

*Attach list and indicate specialty

2. Please indicate the number of drivers for each category:
   Total Number of Drivers: _____ Full-time Drivers: _____ Part-time Drivers: _____
   Contracted Drivers: _____ Backup Drivers: _____ Volunteer Drivers: _____
3. Total number of all staff: _____ Total payroll or remuneration last year: $ _____
   Estimated payroll or renumeration next year: $ _____
4. Give name of Administrator/Supervisor and describe their training and experience:
   _____
5. Is there a minimum age requirement for drivers? [ ] Yes [ ] No What is the minimum age?_____
6. Is there an experience requirement for newly hired drivers? [ ] Yes [ ] No
   If Yes, what is the experience requirement? _____
7. Does the Applicant have written driver criteria in place? [ ] Yes [ ] No
8. Indicate the procedures used in the employee/driver selection process:

[ ] Written Application	[ ] Physical Examination	[ ] Motor Vehicle Record Check
[ ] Reference Check	[ ] Written Driving Exam	[ ] Criminal Background Check
[ ] Road Test	[ ] Pre-Employment Drug Testing	[ ] Physical Abilities Test

9. How often are MVRs checked for all drivers? _____
10. Does your service provide any mobile intensive care? [ ] Yes [ ] No
11. Do you provide First Aid services to any Sporting Events, Carnivals, Fairs, etc? [ ] Yes [ ] No
    If so, please provide average event size and average number of patient encounters: _____
    _____
12. What is your company's procedure if a client refuses transport? _____
    _____
13. Do you have a "No Transport" policy? If so, please describe: _____
    _____

PART IV. WHEELCHAIRS AND STRETCHERS

1. How many vehicles are equipped with lifts: _____ With Ramps: _____
2. Do employees load and unload the stretchers? [ ] Yes [ ] No
3. Do vehicles equipped with lifts or ramps exclusively transport non-ambulatory individuals? [ ] Yes [ ] No
4. Are all persons involved in wheelchair transportation instructed in the proper use of securement equipment for all types of wheelchairs? [ ] Yes [ ] No
5. Are all restraint systems designed with a "4-point tie-down" and "forward facing features? [ ] Yes [ ] No
6. How are wheelchairs secured to floor of vehicle?
   [ ] Fixed Access Locations [ ] Moveable attachments [ ] Both
7. Are wheelchair passengers ever transported without the use of a restraint system? [ ] Yes [ ] No
8. Are written guidelines in place for all drivers, including but not limited to proper tie-downs, properly secured wheelchairs and proper lift adherence. [ ] Yes [ ] No

9. 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

   [ ] A personal assistant of the client

PART V. SAFETY PROCEDURES

1. Does the applicant have a written safety program in place? How long have these procedures been in place? _____ [ ] Yes [ ] No
2. Does the Insured employ a full-time Safety Director? [ ] Yes [ ] No
3. Does the Insured have any salvaged vehicles in their fleet? [ ] Yes [ ] No
4. Are drivers subject to random drug and alcohol testing? [ ] Yes [ ] No
5. Do you require employees to be tested for drugs and alcohol following an accident or incident for which they are involved? If yes, please describe procedure. [ ] Yes [ ] No

   _____

   _____

6. Are there formal accident investigation and review procedures in place? [ ] Yes [ ] No
7. Is there a progressive discipline policy for drivers involved in serious or multiple accidents/violations? [ ] Yes [ ] No
8. Does the applicant use global positioning systems (GPS) to monitor driver behavior? (the question is not asking if GPS is used solely for navigation purposes) [ ] Yes [ ] No
9. Are vehicles equipped with cameras or accident event recorders? [ ] Yes [ ] No
10. Are there restrictions on the use of cell phones/hand-held devices while operating vehicles? [ ] Yes [ ] No
11. Is there a maximum number of driving violations and/or accidents allowed? [ ] Yes [ ] No

    If yes, how many? _____ Driving violations _____ Accidents
12. Does the applicant regularly perform pre-trip and post-trip vehicle inspections? [ ] Yes [ ] No
13. Are call reports completed on every call and/or run? [ ] Yes [ ] No

PART VI. RISK MANAGEMENT

1. Do you enter into any contractual agreements (other than lease of premises agreements)? If yes, attach explanation. [ ] Yes [ ] No
2. Do you require staff to report all incidents (accidents) which might result in a liability claim and are records of such reports kept on file by you? If not, are you agreeable to instituting this procedure? _____ [ ] Yes [ ] No
3. Are the applicant and all professional employees licensed in accordance with applicable state and federal laws? If no, attach explanation. [ ] Yes [ ] No
4. Please describe in detail any additional operations, business pursuits, joint ventures in which you are entity is currently engaged which would fall outside the scope of typical emergency personnel or ambulance service operations. [ ] None [ ] Description Attached

5. Has the applicant or any of its employees:

   a) Ever been the subject of disciplinary or investigatory proceedings or reprimanded by an administrative or governmental agency, hospital or professional association? ⌊ ⌋ Yes ⌊ ⌋ No

   b) Had any professional license refused, suspended, revoked, renewal refused or accepted only with special terms or has applicant or any of its employees voluntarily surrendered any professional license? ⌊ ⌋ Yes ⌊ ⌋ No

   c) Been convicted for an act committed in violation of any law or ordinance other than traffic offenses? ⌊ ⌋ Yes ⌊ ⌋ No

   If the answer to any of 5 is yes, please attach a detailed explanation.

PART VII. HISTORY

1. List prior Professional Liability insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Policy number	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? _____

2. List prior **general liability** insurers for the past five years, starting with the most recent year. If none, state none.

Insurer	Limit of liability	Premium	Effective Dates	Claims-made (Y/N)

What is the most recent retroactive date? _____

3. Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? ⌊ ⌋ Yes ⌊ ⌋ No

   If yes, please describe; indicate status of the claim or suit and any amount(s) paid or reserved Attach an additional sheet if necessary):

_____

_____

_____

_____

4. Does any proposed insured have any knowledge of an event, circumstance, or occurrence (other than listed in VII.3 above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance, or occurrence? | | Yes | | No

   If yes, describe the event and indicate the reason for anticipation of a claim:

   _____

   _____

   _____

   _____

   _____

I understand and agree this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such policy will be issued in reliance upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.

I authorize and consent to investigations of information bearing upon moral character, professional reputation, and fitness to engage in the activities of my business including authorization to every person or entity, public or private, to release to the company providing insurance coverage and MarketScout, any documents, records, or other information bearing upon the foregoing.

I understand and agree these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.

Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and applicant has not withheld information which is calculated to influence the judgment of the insurance company in considering this application.

Important: This application must be dated and signed by the applicant owner, partner, officer or administrator. Signing this form does NOT bind the company to complete the Insurance.

_____
Applicant Signature

_____
Title

_____
Date