

Ambulance Services Supplemental Application

I. APPLICANT INFORMATION

1.1	Applicant Name:	
1.2	Website(s):	

II. CRITICAL UNDERWRITING QUESTIONS

2.1	Do you provide any other medical services besides ambulance services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide details:	
2.2	Where do you provide your services (service area)?	
2.3	Do you have a formal safety program focused on loading and unloading of patients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	Does the applicant utilize a medical director for regular quality reviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5	During the past five (5) years, has any claim that is within the scope of the proposed insurance been made against the applicant whom this proposed insurance is for?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answer to 2.5 is yes, please provide loss runs from the previous carrier.

III. RATING INFORMATION FOR MEDICAL PROFESSIONALS

The following information affects our pricing model and is critical for an accurate assessment of your exposure.

3.1	Please state the number and type of transportations for the next projected policy period and the current one:		
	Type of Transportation Services	# of Calls	
		Projected Policy Period	Current Policy Period
	Emergency calls:		
	Non-Emergency Calls including ambulette and wheelchair transportation:		
	Other, please describe: _____		
3.2	If you are a member of either a state or national organization please provide:		
3.3	Is the applicant or any entity aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be assumed to give rise to a claim that may fall within the scope of the proposed insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please provide details in writing to us.		

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

Producer Signature

Date