

JIA Insurance Agency, LLC

Paratransit NEMT Ambulance Liability Application

Business Information

Company legal Name:	Expiration date of your current policy:
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Company Address:

What Is your company structured as: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:	Provide your Federal Employer Identification Number (FEIN):	Number of years your company has been operating:
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Please include a brief description of your company's operations:

Are any state and/or federal filings required? Y N If yes, please list permit numbers and states:

How many vehicles does the applicant operate:
 Ambulances _____ Buses _____ Vans /Ambulettes _____ Passenger Cars _____ Other (please specify): _____

What is your radius of operation (in miles)? _____ Does the operating radius cross any state lines? Y N

Name three major cities you frequently travel to:

What is your annual revenue? \$.....

List the officers of your company and their ownership percentages:

What are your hours of operation?
 Monday -Friday _____ AM - _____ PM Saturday _____ AM - _____ PM Sunday _____ AM - _____ PM

Type of service: (check all that apply)

<input type="checkbox"/> Ambulance	<input type="checkbox"/> Non-Emergency Medical	<input type="checkbox"/> School Transportation
<input type="checkbox"/> Special Needs Transportation	<input type="checkbox"/> Social Service Organizations	<input type="checkbox"/> Taxi/Limo/General Transportation
<input type="checkbox"/> Other:		

Indicate the number of annual calls:

Emergency (911) _____	Non-911 Dispatch Services _____	Wheelchair Transports _____
Ambulatory Transports _____	Non- Emergency (Ambulance) _____	School Transports _____
Other:		

Percentage breakdown of your business by service type (ensure columns adds to 100%):

Wheelchair	Curb to curb	Prescheduled
Stretcher	Door to door	On-Demand
Passenger	Door through door	Emergency
100%	100%	100%

Work Comp

Class Code (4 Digits)	Employees			
	Part Time	Payroll	Full Time	Payroll

Wheelchair

Do vehicles equipped with lifts or ramps exclusively transport non-ambulatory individuals? Y N
 Is all equipment factory installed during vehicle construction? Y N
 Are all people involved in wheelchair transportation instructed in the proper use of security equipment for all types of wheelchairs? Y N
 What types of wheelchairs are accommodated within the vehicles:
 Portable Motorized Youth/Child Stroller
 Lightweight Reclining/Tilting Heavy Duty Industrial Tri-Wheeler/Scooter

Stretcher

How many vehicles are equipped with stretcher equipment? _____
 What types of stretchers are used in the vehicles?
 Do you use knee, hip, chest, and over the shoulder safety restraints on stretchers? Y N
 Do employees load and unload stretchers? Y N
 If yes, what training on loading and unloading clients is provided? _____
 Does an attendant accompany stretcher clients? Y N
 If yes, is the attendant:
 An employee An employee of the organization requesting transport A personal assistant of the client

Are you aware of any circumstances which may result in a claim? Y N
 If yes, please provide full details: _____

Current Vehicle Information

VIN Number	Stated Value	Ramp, Lift, or N/A	Seating Capacity
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

*Vehicle Information Table Overflow on pg. 4

Are your vehicles equipped with cameras? Y N
 If yes: What is the make and model? _____ Are the cameras: Front-facing Rear-facing
 Who monitors the cameras? _____

Auto Insurance Limits

Symbols: 2 7 8 9
 Auto Liability: \$..... Uninsured Motorist: \$..... Med Payments: \$.....
 Comp/ Collision Deductible: \$..... Would you like to carry rental car coverage? Y N

General Liability Limits

General Liability: OCC: \$ AGG: \$	Professional Liability: OCC: \$ AGG: \$	SAM Liability: OCC: \$ AGG: \$
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Previous Vehicle Information

Policy Term	Vehicle Count	Number of Transports
Expiring:		
First Prior:		
Second Prior:		
Third Prior:		
Fourth Prior:		

Driver Information		
Last, First	DOB	Driver's License Number

*Driver Information Table Overflow on pg. 4

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: _____ Contracted Drivers: _____

What percentage of drivers are trained in the following:

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

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
- Physical Abilities Test

Is there a minimum age requirement for drivers? Y N If yes, what is the minimum age? _____

Additional Insureds

List additional insureds below: _____

Loss Payees (Financed Vehicles)

Bank Name	Address	VIN Number

Previous Insurance Information

Please provide the insurance details from prior carriers up to 5 years below.

Professional Liability Insurance Coverage Information

Company	Policy Number	Limits of Liability	Retention/ Deductible
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$

General Liability Insurance Coverage Information

Company	Policy Number	Limits of Liability	Retention/ Deductible
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$

Auto Liability Insurance Coverage Information

Company	Policy Number	Limits of Liability	Retention/ Deductible
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$
		\$ / \$	\$ / \$

Current Vehicle Information Overflow

VIN Number	Stated Value	Ramp, Lift, or N/A	Seating Capacity
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		
	\$		

Driver Information Overflow

Last, First	DOB	Driver's License Number