AMBULANCE SERVICES PROFESSIONAL LIABILITY INSURANCE APPLICATION

Instructions:

- Please answer all questions. If a section does not apply, write "None" or "N/A."
- Attach additional sheets if necessary.
- Ensure that all business names and locations for which coverage is sought are included.
- Please type or print in ink.

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GENERAL INFORMATION

1. Entity Name:_____

2. Mailing Address:_____

_____

3. Location Address(es):_____

_____

4. Date Established:_____

5. Contact:_____ E-mail:_____

6. Business Structure (check one):

[ ] Independent Contractor (1099) [ ] Corporation

[ ] Sole Proprietorship [ ] Partnership

[ ] Other; Describe:_____

7. Entity is: [ ] For Profit [ ] Non-Profit

8. List memberships in professional organizations:_____

EXPOSURES

9. Gross Annual Receipts:

Estimated Next 12 Months: $_____

Last 12 Months: $_____

10. Service is licensed as:_____

11. Nature of Operations:

Describe the services provided and activities conducted:

_____

_____

_____

_____

12. Type of Service: (check where applicable)

[ ] Private (proprietary) [ ] City Owned & Operated

[ ] Rescue Squad [ ] Fire Department

[ ] Chair Car (invalid coach) [ ] County Owned & Operated

[ ] Public Service [ ] Hospital Based

[ ] First Responder [ ] Other, Describe:_____

13. a. Total number of emergency runs: _____ last year

estimated: _____ next year

b. Total Number of Non-Emergency Patient Transport Runs: _____ last year

estimated: _____ next year

14. Radius of operations: _____

15. Number patient encounters at special events (if any):_____ (see question 14)

16. Number of ambulances per shift (per location): _____

17. Are ambulances equipped with cardiac telemetry? [ ] Yes [ ] No

If yes, what is the command center? _____

Who provides medical orders? _____

18. Does the service provide air or watercraft ambulance services? [ ] Yes [ ] No

If yes, please describe:_____

19. Does the service provide water rescue services? [ ] Yes [ ] No

If yes, please describe: _____

20. Does the service provide mobile intensive care? [ ] Yes [ ] No

21. Does the service provide first aid at events (sports, fairs, etc.)? [ ] Yes [ ] No

If yes, specify type, location, and number of patient encounters: _____

22. EMS Personnel Qualifications and Numbers:

Job Title	Employed (E)	Contracted (C)	Volunteer (V)
Advanced First Aid/Red Cross			
CPR Certificate Only			
EMT Basic			
EMT Advanced or Intermediate			
EMT Paramedic			
Nurse (RN or LPN)			
Physicians/Surgeons*			
Other (Specify):			

(*Attach list with specialties.)

23. Explain procedures for an adult client who refuses to be transported:_____

_____

For a minor who refuses to be transported: _____

_____

24. Explain criteria for "No-Transport" by service:_____

25. Total number of staff:_____

Total payroll paid last year: $_____

Estimated payroll next year: $_____

26. Do you sell any products? [ ] Yes [ ] No

If yes, describe and indicate estimated annual sales for each:_____

27. Do you rent or provide any equipment or products? [ ] Yes [ ] No

If yes, describe and indicate estimated annual sales for each:_____

RISK MANAGEMENT

28. Name, qualifications, and number or years of experience of the Medical Director/Administrator:

Name Title Experience/Training Association Membership

_____

29. Is there a written credentialing policy for all staff? [ ] Yes [ ] No

30. Is there a pre-employment screening procedure? [ ] Yes [ ] No

31. Are there job descriptions and instructional manuals for staff? [ ] Yes [ ] No

If so, enclose a copy of each.

32. Are medical clinical records prepared for each patient client? [ ] Yes [ ] No

33. Is there an emergency 24-hour telephone call line: [ ] Yes [ ] No

34. Are there any contractual agreements (other than lease of premises agreements)? [ ] Yes [ ] No

If yes, attach an explanation.

35. Are the staff required to report all incidents (accidents) and are records of such reports kept on file? [ ] Yes [ ] No

If not, are you agreeable to instituting this procedure? [ ] Yes [ ] No

36. Are the applicant and professional employees licensed in accordance with applicable laws? [ ] Yes [ ] No

If no, attach an explanation of any exception.

37. 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 the above is yes, please attach a detailed explanation.

CLAIMS AND HISTORY

38. List prior **professional 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 or Occurrence?

What is the most recent retroactive date?_____

39. 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 or Occurrence?

What is the most recent retroactive date?_____

40. Claims History:

a. Have any claims been made or accidents reported during the past five 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):

_____

_____

_____

_____

_____

b. Does any proposed insured have any knowledge of an event, circumstance, or accident 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? [ ] No [ ] Yes

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

_____

_____

_____

_____

_____

I understand and agree that 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 Diamac Underwriters, LLC, 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