



**Emergency and Non-Emergency  
Medical Transport  
Paramedics, EMTS and First Responders  
General Liability and Professional Liability  
Supplemental Application  
(Complete in addition to ACORD)**

1. Name of Applicant: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Insured Contact Name: \_\_\_\_\_ Insured Contact Phone No.: \_\_\_\_\_  
Insured Contact Email Address: \_\_\_\_\_
2. Type of Organization: a. ☐ Emergency: \_\_\_\_\_ %  
☐ Non - Emergency (Ambulance) \_\_\_\_\_ %  
☐ Non - Emergency (Transport) \_\_\_\_\_ %  
b. ☐ Volunteer ☐ Individual ☐ Partnership ☐ Corporation ☐ For-Profit ☐ Non-Profit  
c. ☐ Municipality (Fully describe interest, control, financial support): \_\_\_\_\_  
d. ☐ Other (Please explain): \_\_\_\_\_
3. Date Established: \_\_\_\_\_
4. What states are you licensed or certified in? Provide details of what your license/certification allows you to do:  
\_\_\_\_\_
5. Are you affiliated with any other entity? ☐ Yes ☐ No  
If yes, describe: \_\_\_\_\_
6. Population of area served: \_\_\_\_\_ Radius of Operation (Miles): \_\_\_\_\_
7. Sales (If applicable): \$ \_\_\_\_\_ # Volunteer Members: \_\_\_\_\_ # Paid Members: \_\_\_\_\_
8. Have you had previous insurance for this enterprise? ☐ Yes ☐ No  
If yes, **please attach 3 years of General Liability, Professional and Commercial Auto loss runs.**
9. During the **past three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? ☐ Yes ☐ No  
**If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A13.**
10. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? ☐ Yes ☐ No  
**If yes, please provide full details on Attachment to A13.**
11. Has the applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or non-renewed in the **past three (3) years**? ☐ Yes ☐ No  
**If yes, please provide full details on Attachment to A13.**
12. Type of Service:  
☐ Air Ambulance ☐ Alarm Monitoring ☐ Ambulance ☐ Disaster Recovery ☐ Dispatch Service for Others  
☐ Emergency Service at Special Events ☐ Fire Department with Ambulance ☐ Fire Department without Ambulance  
☐ First Responder ☐ Individual EMT ☐ Paramedic  
☐ Rescue Squad with Ambulance ☐ Rescue Squad without Ambulance ☐ Search and Rescue  
☐ Special Events ☐ Other (Please specify): \_\_\_\_\_

13. Number of: Operational Ambulances \_\_\_\_\_ EMTs \_\_\_\_\_ First Responders \_\_\_\_\_  
 Stand-By Ambulances \_\_\_\_\_ Paramedics \_\_\_\_\_ Chair Cars/Vans/Mini Vans \_\_\_\_\_
14. Do you use subcontractors? ☐ Yes ☐ No
15. Do you transport prisoners or psychiatric patients? ☐ Yes ☐ No
16. Do all non-emergency transport drivers have current CPR or AED certification? ☐ Yes ☐ No
17. Current Auto Insurer: \_\_\_\_\_ Limits: \$ \_\_\_\_\_ / \_\_\_\_\_

**VEHICLE SCHEDULE MUST BE ATTACHED.**

18. Are you owned, operated by or affiliated with a hospital, nursing home or assisted living facility? ☐ Yes ☐ No

19.	Additional Insured	Describe Interests of Additional Insureds

20. Are there written procedures in place requiring the documentation of all incidents? ☐ Yes ☐ No
21. Do you have any of the following written procedures and training in place?
- Loading and unloading ☐ Yes ☐ No
- Wheelchair locking and tie-down ☐ Yes ☐ No
- Emergency/accident reporting procedures ☐ Yes ☐ No
- HIPAA regulation and policies ☐ Yes ☐ No
22. Do you perform background checks on all employees that include criminal background checks, sex offender registry and references? ☐ Yes ☐ No
23. Have you had any incidents or claims brought against you for sexual molestation or any other allegation of misconduct? ☐ Yes ☐ No

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**If you are a volunteer fire department with paramedics, EMTs and First Responders, or an Individual, please complete the following in addition to the above:**

- What type of entity do you provide services for? \_\_\_\_\_
- What type of emergency services do you perform? \_\_\_\_\_
- Do you have any supervisory duties? ☐ Yes ☐ No
- If yes, please describe: \_\_\_\_\_
- Are you a Nurse Practitioner, Advanced Practical Nurse or Physician's Assistant? ☐ Yes ☐ No
- Please forward a copy of your current certification and/or licenses.

## FRAUD WARNING STATEMENTS

<b>Alabama</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
<b>Arkansas Louisiana West Virginia</b>	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.
<b>Colorado</b>	<b>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.</b>
<b>District of Columbia</b>	<b>WARNING:</b> 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.
<b>Florida</b>	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.
<b>Kentucky</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
<b>Maine</b>	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 denial of insurance benefits.
<b>Maryland</b>	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.
<b>New Jersey</b>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
<b>New Mexico</b>	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 CIVIL FINES AND CRIMINAL PENALTIES.
<b>New York</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 not to exceed five thousand dollars and the stated value of the claim for each such violation.  <b>Fire:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
<b>Ohio</b>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<b>Oklahoma</b>	<b>WARNING:</b> 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.
<b>Oregon</b>	<b>Fire:</b> This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
<b>Pennsylvania</b>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.
<b>Rhode Island</b>	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.
<b>Tennessee Virginia Washington</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>All Other States</b>	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent