

9. Staff:	EMPLOYED	CONTRACTED	VOLUNTEER
Administrator/Director/Supervisor:	_____	_____	_____
EMT (basic):	_____	_____	_____
EMT (advanced)	_____	_____	_____
EMT Paramedic	_____	_____	_____
Dispatchers	_____	_____	_____
Administration/clerical	_____	_____	_____
Other-describe _____	_____	_____	_____
Total	_____	_____	_____

10. Do you require: Pre-employment physical exams Periodic physical exams
11. Are all technicians state/nationally certified prior to patient care? Yes No
12. Are records maintained as to the certification status of all technicians? Yes No
13. Are records monitored to ensure technicians are in compliance with certification requirements? Yes No
 If Yes, are these records checked: annually bi-annually monthly
 Who is responsible for monitoring? _____
14. Do you employ or contract nurses or physicians for critical care transportation or other medical services?
 Yes No If Yes, please explain transports/services and include individual professional application for nurse/physician by separate attachment.
 If the nurses or physicians are independent contractors what limits of professional liability do you require that they maintain? \$ _____
 Do you record certificates for your records? Yes No
 Do you verify that all nurses and physicians are currently state licensed? Yes No
15. Who dispatches you calls? 911 In-house by your own employees Outside service
- a. If Outside service, please attach copy of your contract with the provider.
- b. If In-house:
- What are the minimal education requirements for hire? High School some College College Graduate
 Do you provide in-house training? Yes No min hours for training _____
 Are dispatchers trained in Pre-arrival instructions or CPR/First Aid? Yes No
- c. Is a standard call report completed for every call? Yes No
- d. Who reviews the standard call reports for completeness, legibility and content? _____
- e. When are these reviews completed? daily weekly monthly
- f. How many shifts do you run? _____ Hours p/shift? _____
- g. When an ambulance is dispatched how many EMT/Paramedics accompany the driver? _____
- h. Are all emergency vehicles equipped with the first aid supplies and medical equipment mandated by state regulations? Yes No
- i. Are you involved in any of the following: Special Event/Sports EMS
 Offshore EMS or Water rescue
 Air Ambulance
 Activities other than EMS
16. What is the radius of your operations: 0-50 miles 50-100 miles over 100 miles
17. What is the estimated population of the area you service? _____
18. How often is a condition and supply report completed on each ambulance? Buy run By shift Daily

19. Is there written standard operation manual provided to employees? Yes No
 Does this manual include specifics on medical waste disposal/containment? Yes No
20. Are MVR's checked for all drivers? Yes No Are they checked: bi-annually annually
21. Have you maintained continuous coverage for Professional Liability? Yes No

Please provide Professional Liability policy information for the last 3 years.
 (if no current Professional Liability insurance is in place check here NONE)

Carrier	Limits	Deductible	Retro Date	Premium	Exp. Date

22. General Liability: Carrier: _____ Exp. Date: _____
 Limits: _____ Deductible: _____
 Retro Date: _____
23. Automobile Liability: Carrier: _____ Exp. Date: _____
 Limits: _____ Deductible: _____

24. Has any insurer cancelled/refused to renew any insurance coverage during the last 5 years? Yes No
If Yes, please provide details on separate attachment.
25. Has any professional liability claim or suit been made against you, any predecessor in business or against any past or present partner/officer(s)? Yes No
If Yes, please provide on separate attachment these details –allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses. Attach currently valued loss runs for 5 years.
- Are you aware of any circumstance or incident which may result in any claim against you? Yes No
If Yes, please provide details on separate attachment.

The Applicant declares that the above statements and representations are true and correct and that no facts have been suppressed or misstated. The completion of this application does not bind the Company to sell no the Applicant to purchase this insurance, but any subsequent contract issued will be in full reliance upon the statements and representations made in this application and this application will be made part of the policy.

The Applicant understands that any subsequent contract issued by the Company will be issued on a CLAIMS MADE FORM.

Signature of Applicant

Date

Title (Officer/Director/Administrator)