



PUBLIC SUPPLEMENTAL

350 10th Avenue, Suite 1450 | San Diego, CA 92101
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Non-Emergency Medical Transportation

TO BE COMPLETED IN ADDITION TO THE COMMERCIAL AUTO APPLICATION

Applicant Name: _____

GENERAL INFORMATION

1. Is this a New Venture? Yes No If no, please provide number of years in business _____
If yes, please provide specific details about your experience in this industry including prior employment and driving history: _____
2. Gross receipts last year _____ Estimate for coming year _____
3. Have you ever changed your operating name? Yes No
If yes, please explain: _____
4. Have you filed for bankruptcy within the last 5 years? Yes No
If yes, please explain: _____
5. Do you operate in more than one state? Yes No If yes, list states: _____
6. List largest cities entered into: _____
7. Is our policy to cover all vehicles owned, operated or under lease to the applicant? Yes No
If no, explain: _____
8. Does applicant have professional coverage? Yes No
If yes, please provide name of carrier & policy term: _____
9. Does applicant have General Liability Coverage? Yes No
If yes, please provide name of carrier & policy term: _____
10. Please provide the total number of vehicles owned, operated or under lease to the applicant for the past 3 years
Estimate for coming year _____ Current year _____ 1st Prior year _____

DRIVER INFORMATION

11. Current number of drivers _____
12. During the past year, how many drivers have you - Added? _____ Replaced? _____
13. Do you order & review MVR's prior to hiring? Yes No
14. Minimum required age for driver: _____ Maximum driver age: _____
15. Do all drivers have at least 2 years of like driving experience? Yes No
16. Maximum number of driving violations allowed with the last 3 years: _____
17. Maximum number of accidents allowed within the last 3 years: _____
18. Is pre-employment drug testing required for all drivers? Yes No
19. Are all drivers/employee's covered by Worker's Compensation? Yes No
20. Is a Written Safety Program in place? Yes No
21. Is there a Driver Safety Incentive plan in place? Yes No
22. Are accident investigation & review procedures, including records, maintained? Yes No
23. Do the review procedures include driver disciplinary procedures? Yes No
If yes, please explain: _____
24. What is the basis for driver(s) pay?
Hourly _____ Trip _____ Mileage _____ Other, explain _____

25. Drivers maximum driving hours _____ daily, _____ weekly
26. Are drivers allowed to take vehicles home at night? Yes No
 If yes, will family members be allowed to drive? Yes No
 If yes, please explain: _____
27. Do employees use their own vehicles in your business? Yes No
 If yes, explain: _____
28. Identify any types of special driver training programs that your drivers receive:
- | | | |
|---|--|--|
| <input type="checkbox"/> General driver orientation | <input type="checkbox"/> Defensive driving | <input type="checkbox"/> Primary first aid |
| <input type="checkbox"/> Advanced first aid | <input type="checkbox"/> CPR | <input type="checkbox"/> Passenger assistance training |
| <input type="checkbox"/> Human relations skills | <input type="checkbox"/> Nonmedical emergency training | <input type="checkbox"/> Emergency vehicle evacuation |

VEHICLE INFORMATION

29. Current total annual mileage: _____ Average annual miles per unit _____
30. Estimated annual mileage for upcoming year: _____
31. Is there a written vehicle maintenance program in place? Yes No
32. Are daily or pre-trip inspections made to the vehicles? Yes No
33. Do you service your own vehicles? Yes No If no, who does? _____
34. Are written maintenance history records kept for all units? Yes No
35. Does the insured have a formal procedure in place to retire older and/or high mileage units? Yes No
 If yes, explain: _____
36. Do any vehicles have special equipment for handicapped or non-ambulatory clients? Yes No
 If yes, please list which units: _____
37. Do any vehicles have stretchers and/or gurneys? Yes No
38. Are all drivers trained on proper tie-down and secure procedures for wheelchairs? Yes No
39. Are all vehicles equipped with alarms, GPS or some other theft deterrent device? Yes No
40. Where are vehicles stored when not in use? _____
41. If vehicles are stored at one location, describe the type of location and its security: _____

42. Do you lease, hire or borrow vehicles from others? Yes No
 If yes, explain: _____
43. Do you lease, hire out or loan your vehicles to others? Yes No
 If yes, explain: _____

FILING INFORMATION

44. Are any State and/or Federal filings required? Yes No
 State filings, list states and permit number: _____
 Federal filings: MC # _____ Base registration state: _____
45. Do you allow others to operate under your authority? Yes No
 If yes, please explain: _____
46. Is a MCS 90 endorsement needed? Yes No
47. List exact name and address in which filings are issued _____
48. In the last 3 years have you ever failed any inspections or violated any safety standards by any Federal, State or Local authority? Yes No
 If yes, explain: _____

OPERATIONS INFORMATION

49. Operation is: for profit not-for-profit

50. Radius of operations: 0 – 100 miles _____% 101 – 500 miles _____% Over 501+ miles _____%
51. Are autos operated 24/7? Yes No
52. Do any of the vehicles have flashing lights and sirens? Yes No
53. Are autos operated on a regular route or schedule? Yes No
54. Who dispatches your calls? 911 Outside Sources In house by your own employees or volunteers
55. What is the total number of trips per year? _____
56. What percentage of your operations involve wheelchair transport? _____%
 Of these, what is the number of emergency trips? _____ and non-emergency trips? _____
57. Are there procedures in place for loading and unloading of passengers? Yes No
58. Is your operation privately owned? Yes No
59. If privately owned, are you affiliated with a taxi and/or other transportation company? Yes No
- If yes, explain: _____

The completion of this application creates no express or implied obligation on the part of the company or its' manager to offer a quotation or provide insurance.

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 thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to the Company and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk. **ANY MISREPRESENTATION OF STATEMENTS MAY VOID THE POLICY.**

 Signature of Insured

 Date

 Signature of Producer

 Date

By signing this supplemental you are representing that you have reviewed this application with the insured and that the answers accurately reflect the insured's operations.