



Ambulance Services Supplemental Questionnaire

APPLICANT INFORMATION
Full Name of Applicant:
Address:
Website Address:
Separately list and describe all operations:
List states in which the applicant operates:
Number of years in business under current name:

OPERATIONAL INFORMATION	
1.	Type of Services: (check where applicable) <input type="checkbox"/> First Responder <input type="checkbox"/> Non Emergency <input type="checkbox"/> Fire Department <input type="checkbox"/> Hospital Based
2.	Total number of emergency runs: _____ last year: estimated: _____ next year
3.	Total number of scheduled patient transport (non-emergency) runs: _____ last year: estimated : _____ next year
4.	Radius of operations: _____
5.	Number patient encounters at special events (if any): _____ Does your service routinely provide first aid services to any sporting event, carnival, fair, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state type, location, and number of patient encounters: _____ _____ _____
6.	Does your service provide air or watercraft ambulance service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
7.	Does your service provide water rescue services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____
8.	Does your service provide mobile intensive care? <input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Does your service provide mobile neo-natal intensive care? <input type="checkbox"/> Yes <input type="checkbox"/> No



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10.	<p>Qualifications and number of EMS Personnel:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>Employed</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Contract</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Volunteer</u></th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>Advanced First Aid and/or Red Cross</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>CPR Certificate Only</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>EMT Basic</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>EMT Advanced or Intermediate (IV)</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>EMT Paramedic</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>Nurse (RN or LPN)</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>Physicians or Surgeons*</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>Medical Director</td> </tr> <tr> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td style="text-align: center;">—</td> <td>Other, Describe:</td> </tr> </tbody> </table> <p>*Attach list and indicate specialty</p>	<u>Employed</u>	<u>Contract</u>	<u>Volunteer</u>		—	—	—	Advanced First Aid and/or Red Cross	—	—	—	CPR Certificate Only	—	—	—	EMT Basic	—	—	—	EMT Advanced or Intermediate (IV)	—	—	—	EMT Paramedic	—	—	—	Nurse (RN or LPN)	—	—	—	Physicians or Surgeons*	—	—	—	Medical Director	—	—	—	Other, Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11.	<p>Explain procedures for refusal or transfer by an adult:</p>																																									
12.	Do you have a written procedure for wheelchair tie down and patient securement?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
13.	Is there a formal safety program in effect?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
14.	Do you have a formal vehicle maintenance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
15.	Do you service your own vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
16.	Does the vehicle maintenance program include the following?																																									
	A service record of each vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
	Standardized inspection frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
	Vehicle condition reports	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
	How often are these reports reviewed by management?																																									
17.	Do you obtain an MVR pre-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
18.	Are MVR's updated annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
19.	Are MVR's reviewed post-accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																								
20.	<p>Has the applicant had any incidents or claims reported for sexual misconduct or any other allegation of abuse? If yes, please provide full details.</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No																																							



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21.	<p>Has the applicant or any employee, volunteer or other person working for applicant ever been arrested or convicted of a crime? If yes, please provide full details. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
22.	<p>Describe all background checks performed:</p>
23.	<p>Are there written guidelines regarding sexual misconduct? If yes, provide copies of all policies and procedures including training materials: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
24.	<p>What steps have been taken to prevent or avoid a sexual misconduct incident?</p>

WARRANTY

The purpose of the Supplemental Questionnaire is to assist in the underwriting process. Information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore warrants the information contained herein (consisting of five pages) is true and accurate to the best of his knowledge, information and belief. The Supplemental Questionnaire, and the application to which it is appended, shall be the basis of any insurance policy that may be issued and will be part of such policy.

Signature of Applicant:			
Name & Title:		Date:	