



Named Insured: \_\_\_\_\_

DBA: \_\_\_\_\_

**General Information**

- 1. Owner's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_
- 2. Number of Years: In Business \_\_\_\_\_ Current Ownership \_\_\_\_\_ Current Management in Place \_\_\_\_\_
- 3. Is this a new venture?  Yes  No
- 4. Is the current named insured the original name of this organization?  Yes  No  
If no, what name: \_\_\_\_\_
- 5. Are ICC, PUC or other filings required?  Yes  No
- 6. Insured Website: \_\_\_\_\_

**Operations**

- 1. What is the primary purpose of insured's operation and how are these services provided?  
\_\_\_\_\_
- 2. List the major metropolitan area(s) served:  
a. \_\_\_\_\_ b. \_\_\_\_\_
- 3. Please provide names of organizations in which insured has current contracts to provide transport services:  
\_\_\_\_\_
- 4. Is transportation provided to non-medical destinations?  Yes  No  
If yes, provide details \_\_\_\_\_  
Daycare Centers \_\_\_\_\_ % Heliport or Airport \_\_\_\_\_ % Psychiatric Centers \_\_\_\_\_ %  
Schools \_\_\_\_\_ % Shopping Centers \_\_\_\_\_ % Workplaces \_\_\_\_\_ % Senior Centers \_\_\_\_\_ %  
Other \_\_\_\_\_ % Describe: \_\_\_\_\_
- 5. The number of calls in the past 12 months: \_\_\_\_\_
- 6. The number of para-transit/wheelchair calls in the past 12 months: \_\_\_\_\_
- 7. Radius, as a % of total trips: 0 – 50 miles \_\_\_\_\_ % 51 – 200 miles \_\_\_\_\_ % 200+ miles \_\_\_\_\_ %
- 8. Does radius of operation extend beyond 200 miles?  Yes  No
- 9. Do any vehicles have any lights or sirens on them?  Yes  No
- 10. Is any medical care, first aid or treatment of any kind done in any vehicles?  Yes  No
- 11. Does Insured employ EMT's  Yes  No
- 12. Does Insured employ Para Medics  Yes  No
- 13. Is hired or non-owned coverage desired?  Yes  No
- 14. Does the insured lease or loan vehicles to others?  Yes  No  
If yes, explain: \_\_\_\_\_
- 15. Does insured ever transport non-dispatched passengers?  Yes  No
- 16. Does the insured subcontract FOR others?  Yes  No  
If yes, provide copies of contracts.
- 17. Does the insured enter into any written or verbal agreements to provide services?  Yes  No  
If yes, explain: \_\_\_\_\_
- 18. Does the insured borrow or lease agents or employees from others?  Yes  No
- 19. Any other pertinent information about insured's business: \_\_\_\_\_

## **Safety and Claims Management**

1. Safety Manager's name, phone number and email address: \_\_\_\_\_  
\_\_\_\_\_
2. Is there an accident review procedure?  Yes  No  
If yes, describe: \_\_\_\_\_
3. Onboard Monitoring (cameras, GPS, telematics)
  - a. Type of system(s): \_\_\_\_\_
  - b. Number of vehicles currently installed with each type of system:  
\_\_\_\_\_

## **Vehicle Maintenance**

1. Describe vehicle maintenance program: \_\_\_\_\_  
\_\_\_\_\_
2. Are daily vehicle inspection reports completed?  Yes  No
3. Are periodic maintenance checks completed by a mechanic?  Yes  No
4. Are vehicle maintenance records maintained by vehicle in designated files?  Yes  No

## **Wheelchair Information**

1. Does the Company have written procedures for the use of wheelchair lifts?  Yes  No
2. Does the Company have written procedures in place for securing wheelchairs?  Yes  No
3. How many vehicles are equipped with the following wheelchair tie-down mechanisms?  
3-point tie-down \_\_\_\_\_ 4-point tie-down \_\_\_\_\_
4. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers?  Yes  No
5. Describe wheelchair and stretcher tie-down procedures: \_\_\_\_\_
6. Do insured vehicles comply with all current ADA standards for:  
Lift out/pull out ramps:  Yes  No  
Mechanical lifts  Yes  No
7. Are the wheelchair securement devices inspected and documented as part of insured's regular vehicle inspection procedure?  Yes  No

## **Employees**

1. Are criminal background checks conducted on all drivers?  Yes  No
2. Is there a formal written and driving training program for all drivers?  Yes  No
3. Are all drivers road tested prior to official hire?  Yes  No
4. Does insured have a written policy in place that prohibits the use of vehicle for any personal use?  Yes  No
5. Do employees use personal or non-company vehicles for company business?  Yes  No  
If yes, explain: \_\_\_\_\_
6. Do employees work more than one shift per day?  Yes  No  
If yes, provide shift details: \_\_\_\_\_
7. Is patient handling training provided?  Yes  No
8. Does the insured review motor vehicle reports prior to hiring a new driver?  Yes  No
9. After employing a driver, how often are MVRs reviewed?  Annually  Every 2-3 years  More than 3 years
10. Does the insured have written criteria for acceptable Motor Vehicle Reports?  Yes  No

11. Do all drivers have the appropriate license commensurate with state or local law (CDL, etc.)?  Yes  No
12. Are employees required to take a Driver Training/Vehicle Operators course?  Yes  No  
 How often?  At hire only  Annually  Semi-Annually  Other
13. Does a file exist for each driver containing documentation for all the above information?  Yes  No
14. Does the insured complete pre-hire drug testing?  Yes  No
15. Does the insured complete post-accident drug testing?  Yes  No
16. Does the insured complete random drug testing?  Yes  No  
 If yes, please state frequency and % of drivers tested \_\_\_\_\_
17. Do all drivers have two or more years of experience working with passengers, special needs or the elderly?  Yes  No
18. Describe the driver training programs that insured's drivers receive: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hired and Non-Owned**

1. Is hired/non-owned exposure more than just incidental, i.e., used in regular course of business?  Yes  No

**Applicant's Statement**

This application does not bind YOU or US to complete the insurance.

_____ Signature of the Insured	_____ Title	_____ Date
_____ Producer's Signature	_____ Date	

**Checklist:**

1. Supplemental Application signed by the insured  Yes  No
2. Current applicable ACORD Applications for coverages desired  Yes  No
3. Minimum five (5) years of hard copy loss runs valued within the last 60 days  Yes  No
4. Current drivers list and MVRs  Yes  No
5. Current vehicle list – vehicle schedule should include 17-digit VIN, radius, length of stretched vehicles and number of passengers  Yes  No