



1417 N State Street, Bellingham, WA 98225 Ph: 360-671-0500 Fx: 360-671-3959 E: info@bell-uw.com

AMBULANCE RENEWAL APPLICATION

Automobile/General Liability/Medical Malpractice

Date:

Agency:	_____	Phone:	_____
Agency Branch:	_____	Fax:	_____
Producer:	_____	Email:	_____

A. Items Required for Quoting

Please include the following with all applications:

- Current MVRs for all drivers *
- Complete drivers list including date of hire & current level of medical certification
- Complete vehicle list & equipment schedule. Must define vehicle type & usage & provide values if physical damage is requested.

*While MVRs are desired for quoting purposes, they are no longer required to obtain a quote. However, current dated MVRs will be needed at some point prior to considering binding. Ultimate pricing is dependent upon receipt and review of current dated MVRs. Drivers falling outside of acceptable driver guidelines may still be subject to additional premium charges and/or be subject to restrictions up to and including exclusion.

B. General Information

Insured Name:

1. Has there been any change to Insured Name or Address information? Yes No If yes, please explain:

2. Has your business been involved in consolidations of separate entities or had a change in ownership over the past five years?
 Yes No If Yes, please explain:

3. Are you involved in operations or activities other than Emergency Medical Transport, First Response Emergency Services or Paratransit (non-emergency non-medical transport)? Yes No If Yes, please explain:

C. Exposure and Coverage Changes

1. Any changes to key personnel (Medical Director, Safety/Operations, Manager, HR Manager) in the past year? Yes No
If yes, please explain:

2. Any change in management methods and/or safety procedures? Yes No If yes, please explain:

3. Any change in operations by volume, route and/or type of transport? Yes No If yes, please explain:

4. Describe any changes in operations not mentioned above:

5. Are all limits, deductible and coverages to be quoted as expiring? Yes No If no, please explain:



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E. Automobile Information

1. Provide the count of commercial vehicles by year for the past 4 years:

Expiring _____ 1st Prior _____ 2nd Prior _____ 3rd Prior _____

2. Any change in your service area? Yes No If yes, please explain:

3. Please provide the number of annual calls per vehicle, by type of call and type of vehicle for the expiring term and the estimate for the coming policy term.

	Projection for coming policy term		Actual from expiring policy term	
	Number of Vehicles	Avg calls per veh	Number of Vehicles	Avg calls per veh
Paratransit with wheelchair lift		NA		NA
Passenger vans w/out lift (ambulatory)		NA		NA
First Responder (no patient transport)				
Ambulance Class I				
Ambulance Class II				
Ambulance Class III				
Service or Private Passenger Type (PPT)		NA		NA

4. What is the estimated annual mileage traveled for all commercial vehicles? _____

5. What was the actual mileage traveled for all units in the expiring term? _____

G. Driver Questions

1. Number of full and part time employees/volunteers that drive or provide patient care:

_____ Paramedics	_____ Critical Care Paramedics
_____ Registered Nurses	_____ Advanced EMT
_____ Emergency Medical Tech	_____ Emergency Medical Responder
_____ Ambulatory/Wheelchair Operators	_____ Other (office, service, etc.)
_____ TOTAL	

2. Please indicate the number of employees who have received Emergency Vehicle Operator Course training and certification by type.

Training Level	Number of Drivers
EVOC/CEVO Certified	
Other Driver Training	
No certification or specific driver training	

3. What is the average annual employee turnover rate: ____%

4. What is the number of Full Time employees? _____

5. What is the number of Part Time employees? _____



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H. General Liability

1. Have you entered into any written or verbal contracts that require a hold harmless, waiver of subrogation or primary/non-contributory wording? Yes No
If Yes, please explain and provide a copy of the agreement:

2. Does the applicant operate from a fixed terminal location? Yes No
If No, please explain:

3. Are there any added vehicle locations? Yes No If yes, please provide address and advise which vehicles are garaged at this location:

4. Does the applicant provide any Vocational Training for other than employees? Yes No
If Yes,
 - a. What is the total number of students per year? _____
 - b. What certifications or degrees are offered? _____
 - c. What are the annual receipts from this operation? _____
 - d. If classes are conducted on site what is the capacity of the classroom provided in number of students? _____
 - e. How often are classes conducted? _____ For what duration? _____
5. If you are involved in any operations not already described, please provide the exposure and an explanation of those operations.

Description of Operations	ISO Class Code	Exposure Basis	Exposure
Building or Premises - LRO	61212	Area	
Vacant Land	49451	Acreage	
Warehouse - Private	68707	Area	
Other			
Other			

I. Medical Malpractice

1. In the following table please provide the number of annual calls by type of attendant certification.

Type of Calls	Actual Number of Calls Past 12 months	Projected number of calls next 12 months
Critical/Specialty Care Ambulance		
Emergency(BLS) Ambulance		
Emergency(ALS) Ambulance		
Non-Emergency (BLS) Ambulance		
Non-Emergency (ALS) Ambulance		
Non-Medical/Paratransit/WC		

2. Mark all of the following activities which make up a portion of your business and indicate for each the percentage of your total operations.

<input type="checkbox"/> Air Ambulance %	<input type="checkbox"/> Water Rescue %	<input type="checkbox"/> Off-Shore EMS %
<input type="checkbox"/> Tactical Medic Service %	<input type="checkbox"/> Confined Space Rescue %	<input type="checkbox"/> Aerial Rescue %
<input type="checkbox"/> Prisoner Transport %		

3. Do you provide contracted or standby medical service for any of the following special events?

<input type="checkbox"/> Car/Motocross Races	<input type="checkbox"/> Horse Races	<input type="checkbox"/> Concerts
<input type="checkbox"/> High School/College Sports	<input type="checkbox"/> Professional Sports	<input type="checkbox"/> Night Clubs
<input type="checkbox"/> Other		



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THE FOLLOWING SECTIONS NEED ONLY BE COMPLETED IF THE APPLICANT IS REQUESTING COVERAGE FOR ABUSIVE ACTS COVERAGE.

K. Abusive Acts Coverage

1. Do the employment and volunteer applications include questions concerning whether the individual has ever been convicted of any crime, including any sex-related crime? Yes No
2. Is there a written policy with procedures for screening and performing background checks of all prospective employees?
 Yes No
3. Have procedures been developed and publicized to employees for reporting and investigating alleged incidents of abusive acts?
 Yes No
4. Are application references checked and documentation maintained? Yes No
5. Is there a written policy addressing abusive acts? Yes No
If Yes, how often is it communicated to all employees:
6. Is documentation maintained on awareness training of staff and students including how to recognize signs of abuse and what to do if someone reports abuse? Yes No
If Yes, how often is the training conducted:
7. Have you or any employees had any claim or suit brought against them as a result of abusive acts?
 Yes No
8. Do you have knowledge of any fact, circumstance or situation which it has reason to suppose might give rise to a claim or allegation of an abusive act? Yes No
9. Do you currently carry Abusive Acts coverage? Yes No
If Yes, we will need the following additional information on the existing coverage:
 - a. Name of current Insurer:
 - b. Current Policy Limits: Effective Date:
 - c. If coverage is written on a claim made form, the original Retro Date:
 - d. Limits of coverage requested:
 - e. Has any claim been made or notice given to any Insurer over the past five years with respect to an incident involving Employment Practices Liability? Yes No
If Yes, please offer a complete explanation:



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L. Insured/Producer Signature

APPLICANT PLEASE READ

FRAUD WARNING:

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*.

*Applies in NY Only.

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in CA

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICANT'S STATEMENT: By signing below, I acknowledge that I have read the above application and declare that to the best of my knowledge and belief all of the foregoing statements and answers are a just, true and full exposition of all of the facts and circumstances with regard to the risk to be insured.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____