



NON-EMERGENCY MEDICAL & PARA-TRANSIT SUPPLEMENTAL

PLEASE COMPLETE ALL OF THE FOLLOWING

COMPANY NAME/DBA			WEBSITE URL		
IS THIS A NEW VENTURE? <input type="radio"/> YES <input type="radio"/> NO	YEARS IN BUSINESS	RADIUS OF OPERATIONS	STATE(S) YOU OPERATE IN		
HAS YOUR EMS LICENSE BEEN SUSPENDED, UNDER REVOCATION OR IN AN ADMINISTRATIVE SANCTION IN THE LAST 5 YEARS? <input type="radio"/> YES <input type="radio"/> NO					
TITLE OF THE PERSON RESPONSIBLE FOR TRAINING AND PERFORMING LICENSE CONFIRMATION					
DOES THIS PERSON CONFIRM THAT ALL LICENSE REQUIREMENTS ARE MET YEARLY? <input type="radio"/> YES <input type="radio"/> NO (CPR AND STATE AND FEDERAL GUIDELINES)					
ARE YOU COMPLIANT WITH LAWS OF THE STATES YOU OPERATE IN REGARDING MINIMUM AGE FOR DRIVERS? <input type="radio"/> YES <input type="radio"/> NO				HOURS OF OPERATIONS	
LIST THE MAJOR METROPOLITAN AREA(S) SERVED					
NUMBER OF AMBULANCE CALLS IN THE PAST 12 MONTHS?		EMERGENCY	NON-EMERGENCY		
NUMBER OF PARA-TRANSIT/WHEELCHAIR CALLS IN THE PAST 12 MONTHS?					
ARE YOU AN INDEPENDENT OPERATOR OR DO YOU OPERATE UNDER CONTRACT TO A 3RD PARTY?				INDEPENDENT <input type="radio"/> YES <input type="radio"/> NO	UNDER CONTRACT <input type="radio"/> YES <input type="radio"/> NO
ARE THERE CASH FAIRS? <input type="radio"/> YES <input type="radio"/> NO	IF YES, IS THERE A RECONCILIATION METHOD IN PLACE? <input type="radio"/> YES <input type="radio"/> NO				
IF EMERGENCY BACK UP IS REQUIRED OF THE INSURED, HOW OFTEN?		A MONTH			
WORK PERFORMED BY EMPLOYEES? (CHECK ALL THAT APPLY)					
<input type="radio"/> ADVANCED LIFE SUPPORT	<input type="radio"/> CONSCIOUS SEDATION	<input type="radio"/> MANUAL DEFIBRILLATION	<input type="radio"/> BASIC LIFE SUPPORT	<input type="radio"/> ENDOTRACHEAL INTUBATION	<input type="radio"/> MECHANICAL VENTILATION
<input type="radio"/> 12 LEAD EKG MONITORING	<input type="radio"/> ADMINISTER ANESTHESIA	<input type="radio"/> PULSE OXIMETRY	<input type="radio"/> IV THERAPY/MONITORING	<input type="radio"/> OTHER	

FULL TIME EMPLOYEES AND PART TIME EMPLOYEES THAT DRIVE OR PROVIDE PATIENT CARE

PARAMEDICS	FT	PT	RN/FLIGHT NURSES	FT	PT	EMT-A/EMT-I	FT	PT	EMP-B	FT	PT
FIRST RESPONDERS	FT	PT	VOLENTTEERS	FT	PT	OTHER	FT	PT			
DO YOU PAY YOUR EMPLOYEES BY: W-2? <input type="radio"/> YES <input type="radio"/> NO			% OF EMPL.	1099? <input type="radio"/> YES <input type="radio"/> NO			% OF EMPL.	CASH? <input type="radio"/> YES <input type="radio"/> NO		% OF EMPL.	
ARE DRIVERS ALLOWED ADEQUATE PERIOD OF REST BETWEEN SHIFTS? <input type="radio"/> YES <input type="radio"/> NO											
WHAT APPLIES TO YOUR EMPLOYEE SELECTION PROCESS:											
<input type="radio"/> WRITTEN APPLICATION	<input type="radio"/> BACKGROUND CHECK	<input type="radio"/> MVR CHECK	<input type="radio"/> BASIC LIFE SUPPORT	<input type="radio"/> ENDOTRACHEAL INTUBATION	<input type="radio"/> MECHANICAL VENTILATION						
<input type="radio"/> EVIDENCE OF PERTINENT CERTIFICATION	<input type="radio"/> DRUG SCREEN	<input type="radio"/> PREVIOUS AMBULANCE EXPERIENCE CHECK									
DOES YOUR COMPANY HAVE A DISPATCH CENTER? <input type="radio"/> YES <input type="radio"/> NO											
IF YES, SELECT SERVICES THEY DISPATCH:											
<input type="radio"/> EMERGENCY REQUESTS	<input type="radio"/> NON-EMERGENCY REQUESTS	<input type="radio"/> SCHEDULE ROUTINE AMBULANCE TRANSFERS									
<input type="radio"/> SCHEDULE ROUTINE WHEELCHAIR/PARATRANSIT RUNS											

DO YOU PARTICIPATE IN ANY OF THE FOLLOWING? (CHECK ALL THAT APPLY)

AIR AMBULANCE
 WATER RESCUE
 AERIAL RESCUE
 OFF SHORE EMS
 TACTICAL MEDICAL SERVICE
 CONFINED SPACE RESCUE
 CAR/MOTOCROSS EVENTS
 HIGH SCHOOL SPORTS EMS
 HORSE RACING EMS
 PROFESSIONAL SPORTS EMS
 NIGHT CLUB EMS
 RAVE EVENT EMS
 CONCERT EMS

NON-EMERGENCY MEDICAL & PARA-TRANSIT VEHICLE INFORMATION

NUMBER OF VEHICLES					
AMBULANCES	PARATRANSIT VEHICLES	WHEELCHAIR VANS	STRETCHER VANS	PASSENGER VANS	AIR AMBULANCES
PATIENT HANDLING (SELECT ALL THE STRETCHER TYPES)					
X-FRAME	FOLD AWAY POWER-COT	BARIATRIC COT	STAIR CHAIR	WHEELCHAIR LIFTS	RAMPS WITH WINCHES



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IS THERE USE OF KNEE, CHEST AND OVER THE SHOULDER SAFETY RESTRAINTS ON THE STRETCHERS? YES NO

DO YOU HAVE MANATORY LIFT ASSIST POLICY IN PLACE? YES NO | AT WHAT WEIGHT?

DO YOU TRANSPORT PRISONERS? YES NO | DEVELOPMENTAL DISABLED PATIENTS? YES NO

WHERE ARE THE VEHICLES STORED?

IN A SECURED LOCATION WITH A FENCE? YES NO | DO VEHICLES HAVE GPS UNITS ATTACHED? YES NO

DO VEHICLES HAVE TWO WAY COMMUNICATION DEVICES? YES NO

VEHICLE MAINTENANCE

IS THERE A CONDITION REPORT COMPLETED ON EACH TRANSPORT VEHICLE & ITS EQUIPMENT ON EACH SHIFT? YES NO

WHO PERFORMS THE MAINTAINANCE ON THE VEHICLES? IN-HOUSE (CERTIFIED) MACHANIC? OUTSIDE (CERTIFIED) MACHANIC?

PLEASE PROVIDE THE YEAR, MAKE AND MODELS OF YOUR VEHICLES

YEAR	MAKE	MODEL

PLEASE PROVIDE YOUR AUTOMOBILE DECLARATION PAGE SHOWING YOUR LIMITS OF LIABILITY

IT IS A CRIME TO KNOWINGLY AND INTENTIONALLY ATTEMPT TO DEFRAUD AN INSURANCE COMPANY BY PROVIDING FALSE OR MISLEADING INFORMATION OR CONCEALING MATERIAL INFORMATION DURING THE APPLICATION PROCESS OR WHEN FILING A CLAIM. SUCH CONDUCT COULD RESULT IN THE POLICY BEING VOIDED AND SUBJECT TO YOU CRIMINAL AND CIVIL PENALTIES.

INSURED SIGNATURE	AGENT SIGNATURE
DATE:	DATE: