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Scottsdale Insurance Company
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Scottsdale Surplus Lines Insurance Company
Adm. Office: 8877 North Gainey Center Drive
Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

Ambulance Supplemental Application
(Complete in addition to the Commercial Automobile Application)

PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is your service a subsidiary or division of another company? Yes No
If yes, advise the name of the company, their address and their relationship to you: _____

3. Has this service ever operated under another name?..... Yes No
If yes, what name? _____

4. Profit Nonprofit—Source of funding: _____

5. Do your employees work more than one shift per day? Yes No
If yes, provide shift details: _____

6. Number of trips per year: _____

Number of emergency: _____ Number of non-emergency: _____

Percentage of wheelchair transport:..... % Percentage of stretcher transport: %

7. Is transportation provided to non-medical destinations? Yes No
Daycare Centers % Heliport or Airport..... % Psychiatric Centers..... %
Schools % Shopping Centers % Workplaces %
Senior Centers % Other % Describe: _____

8. A. List major cities entered: _____

B. What percentage of the operations involves transportation in these cities? %

9. Number of units equipped with lights and sirens? _____

10. Who dispatches your calls? 911 Outside sources In-house by your own employees or volunteers

11. Do you distribute any medical supplies or equipment?..... Yes No

If yes, provide details: _____

12. Indicate level of training and number of individuals who drive and/or provide client care (full-time, part-time or volunteer):

	EMT BASIC	EMT ADVANCED	EMT PARAMEDIC	OTHER	NO CERTIFICATION
NUMBER OF EMPLOYEES					
NUMBER OF VOLUNTEERS					

If "other" marked above, explain: _____

13. Identify the types of special driver training programs that your drivers receive:

- General driver orientation Defensive driving Primary first aid
- Advanced first aid CPR Passenger assistance training
- Human relations skills Nonmedical emergency training Emergency vehicle evacuation
- Emergency vehicle operators course (EVOC)

14. Do you:

- Screen employees and drivers' histories for sexual abuse charges and convictions? Yes No
- Verify licenses/professional certificates?..... Yes No
- Screen employees for previous involvement as defendants in malpractice litigation? Yes No

15. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 point tie-down _____ 4 point tie-down _____

16. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? Yes No

17. Describe wheelchair and stretcher tie-down procedures: _____

18. Is there an accident review procedure?..... Yes No

If yes, describe: _____

19. Describe vehicle maintenance program: _____

20. Does Applicant carry Professional Liability coverage? Yes No

Policy Number	Carrier	Limits	Term	Is Loading & Unloading Included?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Does Applicant carry General Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

22. Are all vehicles owned by you? Yes No

If no, explain: _____

Are they leased, etc.? Yes No

Give details: _____

23. Do any employees/volunteers use their own vehicles in your business? Yes No

If yes, explain: _____

Are any employees/volunteers' vehicles used for client transport? Yes No

24. Are all employees covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

25. Any other pertinent information about your business: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

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.

FRAUD WARNING (APPLICABLE IN FLORIDA):

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.

FRAUD WARNING (APPLICABLE IN MAINE):

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 or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only)