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| --- |
| APPLICANT:Insured Name      *(Include all owned entities, dba names, additional named insureds, individual insureds, if any)*  Insured is: [ ] Individual [ ] Partnership [ ] Corporation |
| Effective Date       | Years in Business Under this Name\*:      **\*Program requires a minimum of 1 year in business** | Years of Experience in this Field:       |
| Website:DOT #:MC# |            | Are Federal Filings Required? [ ] Yes [ ] No If yes, list required filings:      Are State Filings Required? [ ] Yes [ ] No If yes, list required filings by state:       |
| Has the applicant ever filed for bankruptcy under this or prior name? [ ] Yes [ ] No Has the applicant ever operated under any other name? [ ] Yes [ ] No If yes, state the reason for the name change.      Does the applicant have any Subsidiaries? [ ] Yes [ ] No If yes, provide details of relationship.      Is applicant involved in any operation other than N.E.M.T.? [ ] Yes [ ] No If yes, please explain:      OWNERSHIP INFORMATION:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | # Years | % Ownership |
|       |       |       |      % |
|       |       |       |      % |
|       |       |       |      % |

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| **DESCRIPTION OF OPERATIONS:** Description and scope of operations:      Do you use Independent Drivers that are not considered employees? [ ] Yes [ ] No If yes, do they drive a company vehicle or their own personal vehicle?       **\*Program requires no true hired or non-owned exposure. By signing this application, applicant confirms no true hired/non-owned exposures exist from hired transporters or employees/contractors operating personal vehicles for applicant’s business.** **(Check all that apply)**Non-Emergency Medical Transport (NEMT): [ ] Non-Emergency – Ambulance [ ] Other (explain):       **Indicate the percentage of annual trips in each category:**  (Each column should total 100%)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NEMT (no wheelchair) |      % | Curb-to-Curb |      % | Prescheduled |      % |
| NEMT (wheelchairs) |      % | Door-to-Door |      % | On-Demand |      % |
| Stretcher or Gurney |       % | Door- through -Door |      % | Emergency |      % |

**Number of Vehicles and Type: (\*Photos of vehicles are required with this application to evaluate condition and quality.)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Private Passenger  |       | Vans – not equipped for wheel chairs |       | Vans – Equipped with equipment to transport wheel chairs |       | Other (explain)       |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Power Unit HISTORY:** List the number of power units at policy expiration:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2019-2020** | **2018-2019** | **2017-2018** | **2016-2017** | **2015-2016** |
|       |       |       |       |       |

 **SCOPE OF OPERATIONS:**Average Trip:      miles Max Trip:      miles Describe the general geographical area(s)/cities of operations:

|  |  |
| --- | --- |
| Describe Radius Of Operations *(total must equal 100%):*      % 0-50 miles     % 51-300 miles     % 301-1,000 miles |  |

Are all drivers involved in wheelchair transportation trained in the proper use of securement equipment for all types of wheelchairs? [ ] Yes [ ] No Are all restraint systems designed with a “4 point tie-down” and “forward facing” features? [ ] Yes [ ] No Are wheelchair passengers ever transported without the use of a restraint system? [ ] Yes [ ] No Describe security at Garaging Location *(check all that apply):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Units locked when not in use |  | [ ]  Keys kept in lock box |  | [ ]  Well lit lot |
| [ ]  Fenced lot |  | [ ]  Commercial area |  | [ ]  Residential area  |
| [ ] Other:       |

What is the maximum value of vehicles parked at any one location? $     **EQUIPMENT TELEMATICS:**Are units equipped with GPS Tracking Software? [ ] Yes, (Brand     ) [ ] No If no, is applicant willing to install GPS Tracking? [ ] Yes [ ] No  If yes, when was GPS Tracking implemented?      If yes, what driving behavior is monitored:  [ ] None [ ] Speed [ ] Acceleration [ ] Braking [ ] Cornering [ ] Location Other:      Are units equipped with dash cameras? [ ] Yes [ ] No If no, applicant **must install dual facing dash cameras in each power unit transporting passengers as a mandatory requirement for eligibility.** If yes, when were dash cams implemented       Describe camera locations: [ ] Dashboard Driver Facing [ ] Dashboard Forward Facing [ ] Rear Facing  Describe recording methods: [ ] Critical Events [ ] Continuous Loop Other:      Are units equipped with Advanced Driver Assistance Systems? [ ] Yes [ ] No If yes, what features are included:  [ ] Collision Avoidance [ ] Blind Spot Detection [ ] Lane Departure Warning [ ] Adaptive Cruise Control [ ] Stability Control System  [ ] Driver Drowsiness Detection [ ] Traffic Sign Recognition Other:      **DRIVERS: PRE-HIRING/ SCREENING:** Does the applicant obtain or perform: *(check all that apply)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Pre-Hire Drug Test  |  | [ ] Road Test  |  | [ ] Written Test  |  |
| [ ]  Post-Accident Drug Test  |  | [ ] Pre-Employment Physical  |  | [ ] MVR Review  |  |

Do you have a Ride-A-Long Training Program? [ ] Yes [ ] No If yes, how long in duration?     Minimum Driver Age Requirement:       Minimum Experience Requirement:       How are drivers compensated:      Are all drivers at least 25 years or older and have a class D or CDL driver’s license? [ ] Yes [ ] No Do you obtain national background checks performed by LA State Police or an approved vendor? [ ] Yes [ ] No Do the jurisdictions you operate in require a Parish NEMT/Certificate of Public Necessity and Convenience (CPNC) or Driver Permits? [ ] Yes [ ] No Provide the number of: Full Time Drivers:      Part Time Drivers:      Independent operators (drivers operating their own units for applicant):       Average number of drivers annually      Number of driver terminations in last 12 months:       Number of Driver Resignations:       Number of newly hired drivers in the last 12 months:       Average length of employment:      Does the applicant ever use drivers from a temporary driving service or utilize employee leasing? [ ] Yes [ ] No If yes, how often        If yes, what is the qualification process for temporary drivers?      **SAFETY PROGRAM:**Does the applicant have: *(check all that apply)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Driver Orientation  |  | [ ] Driver Incentives  |  | [ ] Written Safety Program |
| [ ] Full Time Safety Director  |  | [ ] Safety Meetings |  | [ ] Hazardous Waste ID Training |

**MAINTENANCE PROGRAM:**Does the applicant have an in-house repair facility? [ ] Yes [ ] No If yes, list types of repairs performed:      Does the applicant have a vehicle maintenance program? [ ] Yes [ ] No If yes, is the program documented? [ ] Yes [ ] No Are maintenance records kept on individual vehicles? [ ] Yes [ ] No How often are vehicles inspected?      **LOSS HISTORY:**Has the applicant ever had insurance for this operation cancelled, declined, or renewal refused? [ ] Yes [ ] No If yes, list details:      Describe any losses over $10,000 in the last five years:       Are there any open/unreported claims pending?       If yes, list details:      **ADDITIONAL UNDERWRITING QUESTIONS:**Are any vehicles equipped with sirens or emergency lights? [ ] Yes [ ] No If yes, please explain:      Any passengers transported by stretcher or gurney? [ ] Yes [ ] No Do you have written procedures for the use of wheelchair lifts, ramps & securement? [ ] Yes [ ] No If yes, please explain:      Does the applicant have Workers Compensation Insurance? [ ]  Yes [ ]  No If no, are they exempt from WC laws? [ ]  Yes [ ]  No |

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**The applicant hereby submits this supplemental and acknowledges that the information set forth herein is complete and accurate and will form the basis for risk selection decisions.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**