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