

Supplemental Questionnaire: Ambulance Services



Instructions:

1. This application must be completed in conjunction with the Pro-Praxis Allied Healthcare Application.
2. Answer ALL questions completely, leaving No blanks. If any questions, or part thereof, do not apply, print “N/A” in the appropriate space. Any spaces left blank will be interpreted to not apply.
3. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.

Applicant Name: _____

1. Is your business involved in: Air Ambulance Ground Ambulance
2. List the major metropolitan area(s) served:
 - a. _____
 - b. What % of the operation involves transportation in these cities? _____
 - c. Radius of operation: 0-25 Miles 26-50 Miles 51 or more Miles
3. Does your service perform the following?

 Advanced Life Support Basic Life Support Critical Care Transport

4. The number of trips:

	<u>Projected</u>	<u>Current</u>
Emergency	_____	_____
Non-emergency	_____	_____
Aircraft	_____	_____

5. What are the vehicle counts for the following classifications:

Type of Auto	Projected	As of Today	1 year ago	2 years ago
Ambulances				
Paratransit/Wheelchair Vans				
All other autos				
Aircraft				

6. Number of crew providing “professional services” per ambulance / aircraft: _____
7. What aviation insurance limits do you carry? \$ _____ n/a
8. What commercial auto liability limits do you carry? \$ _____ n/a
9. Do you dispatch 911 calls? Yes No
10. Is there a formal maintenance program routinely followed for your vehicles/aircraft? Yes No
11. Do you pull MVR’s annually? Yes No

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.

Supplemental Questionnaire: **Ambulance Services**



Instructions:

1. This application must be completed in conjunction with the Pro-Praxis Allied Healthcare Application.
 2. Answer ALL questions completely, leaving No blanks. If any questions, or part thereof, do not apply, print “N/A” in the appropriate space. Any spaces left blank will be interpreted to not apply.
 3. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.
-

APPLICANT’S NAME AND TITLE: _____

APPLICANT’S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER’S SIGNATURE: _____ DATE: _____