

## Auto Supplemental Application Non-Emergency Passenger Transport

**Account Name:** \_\_\_\_\_ **Insurance Agent:** \_\_\_\_\_

**Name and Title of person completing this application:** \_\_\_\_\_

**FEIN #:** \_\_\_\_\_ **Insured's Website:** \_\_\_\_\_

If applicant is an individual and not a corporation, identify principal's social security number and drivers license number:  
\_\_\_\_\_

**1. What is the primary purpose of your operation and how are these services provided?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years in business: \_\_\_\_\_ Number of years under current management: \_\_\_\_\_

**2. Is this operation for**  **profit**  **nonprofit?** **Source of funding:** \_\_\_\_\_

**3. What are the total number of trips per year?** \_\_\_\_\_ **% wheelchair/stretchers transport:** \_\_\_\_\_

**4. What is the maximum number of passengers transported at any one time?** \_\_\_\_\_

**5. Are any of the vehicles emergency vehicles?** .....  **Yes**  **No**

**6. Who dispatches your calls?**  **Outside sources** \_\_\_\_\_  **In-house by your own employees or volunteers**

**7. Indicate number of individuals who drive and/or provide client care (full-time, part-time, pair or volunteer):** \_\_\_\_\_

	EMT BASIC	EMT ADVANCED	EMT PARAMEDIC	OTHER	NONE
<b>EMPLOYEES</b>					
<b>VOLUNTEERS</b>					

If "other" marked above, please explain: \_\_\_\_\_

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

- |   |   |
|---|---|
| <input type="checkbox"/> General driver orientation<br><input type="checkbox"/> Primary first aid<br><input type="checkbox"/> CPR<br><input type="checkbox"/> Human relations skills<br><input type="checkbox"/> Emergency vehicle evacuation | <input type="checkbox"/> Defensive driving<br><input type="checkbox"/> Advanced first aid<br><input type="checkbox"/> Passenger assistance training<br><input type="checkbox"/> Nonmedical emergency training |
|---|---|

**9. Do you have specific wheelchair or gurney tie-down procedures?**.....  **Yes**  **No**

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**A. Do your drivers load patients on vehicles?** .....  **Yes**  **No**

**B. Are there any other passengers transported?** .....  **Yes**  **No**

If yes, please describe \_\_\_\_\_

10. Do vehicles allow customers to stand while in operation? .....  Yes  No

11. Does Applicant have professional coverage?  Yes  No Policy No.: \_\_\_\_\_ Term: \_\_\_\_\_

Name of carrier: \_\_\_\_\_

12. Has this service ever operated under another name?..... Yes  No

If yes, what name? \_\_\_\_\_

13. Are all vehicles owned by you? ..... Yes  No

If no, please explain: \_\_\_\_\_

Are they leased, etc.? ..... Yes  No

Give details: \_\_\_\_\_

14. Radius of Operations \_\_\_\_\_

A. In which major cities does applicant provide transportation (list cities): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Of Applicant's total operations, what percentage involves transportation in these major cities? \_\_\_\_\_

15. Does Applicant have General Liability coverage? ..... Yes  No

Policy No.: \_\_\_\_\_ Term: \_\_\_\_\_

Carrier: \_\_\_\_\_

16. Are all drivers covered by Worker's Compensation?..... Yes  No

If yes, provide carrier name: \_\_\_\_\_

\_\_\_\_\_

17. How many vehicles, excluding trailers, were in your fleet in the past?

# of autos one year ago \_\_\_\_\_ # of autos two years ago \_\_\_\_\_

# of autos three years ago \_\_\_\_\_ # of autos four years ago \_\_\_\_\_

18. Do you have driver hiring criteria in place?..... Yes  No

If yes, does it include the following:

a. MVRs checked prior to hire? .....  Yes  No

At least annually thereafter? .....  Yes  No

b. Physical exams at time of hire? .....  Yes  No

c. Drug / Alcohol testing at time of hire? .....  Yes  No

d. Reference checks? .....  Yes  No

e. Road Test given prior to hire? .....  Yes  No

f. Orientation in vehicle with experienced driver? .....  Yes  No

if yes, how long? \_\_\_\_\_

g. Criminal Records Checked? .....  Yes  No

h. Number of drivers under age 25 \_\_\_\_\_ over age 60 \_\_\_\_\_

Total # of drivers: \_\_\_\_\_

# of drivers employed less than one year ? \_\_\_\_\_

i. Minimum # of years of driving experience required on like equipment? \_\_\_\_\_

j. How long have all of these procedures been in place? \_\_\_\_\_

Describe your standards for an acceptable MVR below:

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**Any other actions taken with regards to driver hiring or selection?**

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**19. Is there a formal accident review procedure in place?** .....  Yes  No

If yes, please describe: \_\_\_\_\_

How long has this procedure been in place? \_\_\_\_\_

**20. Is there a progressive discipline policy for drivers involved in serious or multiple accidents / violations, etc?** .....  Yes  No

If yes, please describe \_\_\_\_\_

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How long has this policy been in place? \_\_\_\_\_

**21. Do you provide safety incentive awards?** .....  Yes  No

If yes, please describe: \_\_\_\_\_

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How long has this program been in place? \_\_\_\_\_

**22. Do you have a company policy regarding non-business use (personal use) of your company autos by employees or executives?** .....  Yes  No

If yes, please describe \_\_\_\_\_

How long has this policy been in place? \_\_\_\_\_

How often/when is it communicated to your employees? \_\_\_\_\_

Is this policy in writing? .....  Yes  No

If yes, please forward a copy.

**23. As part of your personal use policy, do you allow employees or executives to use company-insured vehicles for non-business (personal) use?** .....  Yes  No

If no, skip to question 24.

Is personal use restricted to certain employee types (e.g., management only)?.....  Yes  No

If yes, describe: \_\_\_\_\_

Do you allow the authorized users' spouse to use the company vehicle? .....  Yes  No

Do you allow the authorized users' children to use the company vehicle? .....  Yes  No

Are there any family members under age 21 given permissive use? .....  Yes  No

On a separate page, please provide the name, date of birth and driver license number of any spouse or children of employees who are permitted to drive a company vehicle.

Please describe the extent of personal use, if use is restricted in some way (e.g., emergencies only): \_\_\_\_\_

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24. Do any of your employees use their own vehicles in the course of employment? .....  Yes  No

If yes: How many employees do this on a regular basis? \_\_\_\_\_  
Do you require certificates of insurance to make sure employees are carrying personal auto coverage including bodily injury liability coverage? .....  Yes  No  
If yes, how often do you request certificates? \_\_\_\_\_  
Do you require the employee to carry a minimum limit of liability? .....  Yes  No  
If yes, what minimum limit is required? \$ \_\_\_\_\_

25. Do you rent or lease vehicles on a short term basis (daily/weekly/monthly)? .....  Yes  No

If yes, are vehicles leased with or without drivers? \_\_\_\_\_  
If yes, please describe this exposure and the length of the rentals/leases: \_\_\_\_\_

How many times per year is this done? \_\_\_\_\_

What type of vehicles do you rent or lease? \_\_\_\_\_  
Do you ever rent or lease vehicles WITH drivers? .....  Yes  No  
If yes, how often and what are the vehicles used for? \_\_\_\_\_  
Estimated annual cost of hire? \_\_\_\_\_

26. Do you have any restrictions on the use of cell phones while operating company vehicles (hands-free device only, must pull off to side of road, etc) ? .....  Yes  No

If yes, please describe: \_\_\_\_\_

27. Any other pertinent information about your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

