



**PUBLIC AUTO SUPPLEMENTAL APPLICATION—NON-EMERGENCY TRANSPORT**  
 (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 you have a contract with a social service agency?** .....  Yes  No  
 If yes, list agencies: \_\_\_\_\_

**6. Percentage of fares paid by:**  
 Medicaid/Medicare: \_\_\_\_\_% VA Benefits: \_\_\_\_\_% Other Government Benefit: \_\_\_\_\_% Passengers: \_\_\_\_\_%  
 Other: \_\_\_\_\_% If Other; Explain: \_\_\_\_\_

**7. Number of trips per year:** .....  
 Number of Emergencies: \_\_\_\_\_ Number of Non-Emergencies: \_\_\_\_\_  
 Percentage of Wheelchair Transport: ..... %  
 Percentage of Stretcher Transport: ..... %

**8. a. List major cities entered:** \_\_\_\_\_  
 \_\_\_\_\_

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

**9. Is any transportation provided to the following destinations?** .....  Yes  No  
 No

If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts: \_\_\_\_\_% Workplaces: \_\_\_\_\_% Senior Centers: \_\_\_\_\_% Schools: \_\_\_\_\_%  
 Daycare Centers: \_\_\_\_\_% Psychiatric Centers: \_\_\_\_\_% Heliport or Airport: \_\_\_\_\_% Other: \_\_\_\_\_%

**10. Are passengers assisted in or out of the autos?** .....  Yes  No  
 If yes, provide percentage of: Curb-to-Curb: \_\_\_\_\_% Door-to-Door: \_\_\_\_\_% Door Through Door: \_\_\_\_\_%

**11. Who dispatches your calls?**  911  Outside Sources  In-house by your own employees or volunteers

**12. Do you distribute any medical supplies or equipment?** .....  Yes  No  
 If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

13. 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" is marked above, explain: \_\_\_\_\_

14. 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       Non-Medical Emergency Training       Emergency Vehicle Evacuation  
 Emergency Vehicle Operators Course (EVOC)

15. 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

16. Number of units equipped with lights and sirens? .....

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

3 Point Tie-Down: \_\_\_\_\_ 4 Point Tie-Down: \_\_\_\_\_

18. Describe wheelchair and stretcher tie-down procedures: \_\_\_\_\_

\_\_\_\_\_

19. Is scooter transport (electric scooters or mobility scooters) provided? .....  Yes  No

If yes, how are passengers secured? \_\_\_\_\_

\_\_\_\_\_

If yes, how are scooters secured within the vehicle? \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_

22. Describe vehicle maintenance program: \_\_\_\_\_

\_\_\_\_\_

23. Does Applicant carry Professional Liability coverage?.....  Yes  No

Policy Number	Carrier	Limits	Term	Is Loading and Unloading Included
		\$		

24. Does Applicant carry General Liability coverage?.....  Yes  No

Policy Number	Carrier	Limits	Term
		\$	

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

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

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

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

26. Do employees use their own vehicles in your business? .....  Yes  No

Explain: \_\_\_\_\_

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

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

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

28. 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_