Inception Date (Current Expiration Date if different):

Submission Date:

|  |  |
| --- | --- |
| **Named Insured:** |  |
| **Insured’s Address:** |  |
| **Principal**  **Garaging Address:** |  |
| **Web Site** |  |
| **Federal Tax ID:** |  |

**I ELIGBILITY and OPERATIONS**

Owner(s) actively involved in the business? Yes ☐ No ☐

Management experience (if in business less than 3 years please detail prior experience in related fields):

Names of all entities to be insured, address, year established, detailed description of each operation of their relationship to the insured:

a.

b.

c.

Covid has interrupted all operators to varying degrees, so please include a statement regarding how your business has been impacted: (i.e., Units retired or garaged; Revenue lost etc.)

List entities with who insured has contracts:

|  |  |
| --- | --- |
| Entity | Services |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Service** | **Units - #Vehicles** | **Percentage %** | **Revenue $$$** |
| Passenger only |  |  |  |
| Wheelchair |  |  |  |
| Stretcher Transport |  |  |  |
| Curb to Curb |  |  |  |
| Door to Door |  |  |  |
| Door through Door |  |  |  |
| Pre-Scheduled |  |  |  |
| On Demand |  |  |  |

Please provide details on all special equipment in vehicles (*such as Lifts, Ramps, Passenger Restraint Systems, Floor Securement Systems. Indicate which vehicles have which equipment)*

Fleet Size and types

|  |  |  |
| --- | --- | --- |
| Types | # of units | Full Maintenance Records Y/N |
| Private passenger |  |  |
| Medi Vans/Mini Vans |  |  |
| Vans Wheelchair |  |  |
| Vans Other |  |  |

Are all vehicles both titled and registered to the named insured? Yes ☐ No ☐

Do any of your vehicles require FMCSA or STATE Filings? Yes ☐ No ☐

If yes, please provide the US DOT, MC, PUC and state number if applicable.

Radius of Operations: 1-50 Miles \_\_\_\_\_\_\_# 51-75 Miles \_\_\_\_\_\_\_# 76 and over Miles \_\_\_\_\_\_\_#

Estimated Annual Mileage from NEMT operations:\_\_\_\_\_\_\_\_\_\_\_

**Historical Fleet Information**

|  |  |  |
| --- | --- | --- |
| **Policy year** | **Number of Units Priv Pass** | **Number of Units VANs (General)** |
|  |  |  |
|  |  |  |
|  |  |  |

Are vehicles are equipped with Telemetrics? (Information request, in addition) Yes ☐ No ☐

Are vehicles equipped with video cameras? Yes ☐ No ☐

Confirm there are no special external warning lights associated with operations. No ☐

Are vehicles centrally garaged while not in use? Yes ☐ No ☐

If not, where are vehicles kept? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you subcontract work? Yes ☐ No ☐

If yes, to whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And do you get certificates of insurance? Yes ☐ No ☐

**II EMPLOYEE, DRIVER & VEHICLE MANAGEMENT**

Written employment application are used and maintained for 7 years Yes ☐ No ☐

MVR’s - Every quarter ☐ Every 6 months ☐ Every Year ☐  When Hired ☐

Is the insured engaged with the State DMV License Electronic Notification System (LENS, in NYS)

Yes ☐ No ☐

Reference Checks Yes ☐ No ☐

Criminal Background Checks Yes ☐ No ☐

Road Test Yes ☐ No ☐

Number of prior years’ NEMT driving experience required. \_\_\_\_\_\_\_\_

Total Number of Drivers: Full time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part time: \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you use any volunteers for any reason? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drug Testing ☐ Yes  ☐ No

Describe disciplinary procedure for moving violations and accidents

If there is a driver training program, ☐ Yes  ☐ No  If no please describe:

Safety Procedures include the following:

Company rules & policies? Yes ☐ No ☐

Daily vehicle inspection procedure? Yes ☐ No ☐

Post trip reporting? Yes ☐ No ☐

Driver Problem reporting? Yes ☐ No ☐

Out of Service key drop? Yes ☐ No ☐

Documentation of repairs Yes ☐ No ☐

Does the insured use cell phone or dedicated radios to communicate with drivers?

[ ] Cell phone [ ] Radios Instructions on use? Y/N

Equipment familiarization Yes ☐ No ☐

Do you provide training for the handling of passengers and their medical equipment? Yes ☐ No ☐

Are passengers in tri-wheelers required to transfer to a wheelchair or a permanent seat after loading? Yes ☐ No ☐

Are wheelchair or stretcher passengers ever permitted to ride in the vehicle in other than the designated securement locations? Yes ☐ No ☐

Are ALL persons involved in wheelchair or stretcher transportation instructed in the proper use of securement equipment for all types of wheelchairs? Yes ☐ No ☐

Driver training involves the following:

[ ] Training Manuals [ ] Company Guideline Instructions [ ] Observation Period/How long? [ ] Certification Process [ ] Wheelchair Loading [ ] Wheelchair Securing

If no to any of the above, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAFETY & CLAIMS MANAGEMENT** *(provide copies of all policies and procedure manuals)*

Name and title of the person responsible for safety & claims management:

Email & Contact Number of safety & claims contact person:

Accident reporting procedures Yes ☐ No ☐

Attach accident investigation documents

**IN ADDITION TO THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:**

\* **Fully completed ACORD application.**

**\* Loss Runs, currently valued (within the last 45 days), insurance company-produced, loss runs for the current and 3 prior policy years.**

**\* Full description of each loss over $15,000. Include the name of the driver involved.**

**\* Current driver’s list and motor vehicle records for ALL drivers.**

**\* If you answered yes to #10, please provide a report from your Telemetrics services for the last 30 days.**

**\* Current DOT medical for all drivers age 70 or older and any driver with less than 2nd year medical clearance.**

|  |
| --- |
| **FRAUD AND APPLICANT’S STATEMENT**  **Knowingly presenting false information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.**  **Arkansas applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Colorado applicants:  It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.**  **District of Columbia applicants: Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.**  **Florida applicants:  Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**  **Hawaii applicants:  For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.**  **Kentucky applicants:  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.**  **Louisiana applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Maine applicants:  It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.  Penalties may include imprisonment, fines or a denial of insurance benefits.**  **Maryland applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **New Jersey applicants:  Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.**  **New Mexico applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.**  **New York applicants:  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**  **Ohio applicants:  Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**  **Oklahoma applicants:  Warning:  Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.**  **Oregon applicants:  Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.**  **Pennsylvania applicants:  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.**  **Rhode Island applicants:  Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Tennessee applicants:  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.**  **Virginia applicants:  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.**  **Washington applicants: 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.**  **West Virginia applicants: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**  **Arbitration statement**  **For Utah applicants only:**  **Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.**  **SIGNING THIS FORM DOES NOT BIND THE APPLICANT TO PURCHASE OR THE COMPANY TO ISSUE THE COVERAGES APPLIED FOR.  APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM**  **FRAUD STATEMENT – INSURANCE LAW.**  Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.  **APPLICANT’S STATEMENT:**  I have read the above application and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)  Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Producer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  License Identification Number or National Producer Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Florida Producers must provide License Identification Number)  You, the Producer, are the incumbent or new to placing the account? \_\_\_\_\_\_\_\_\_\_ |

Please send the complete submission to: [quotes@cluettinsurance.com](mailto:quotes@cluettinsurance.com)