[ ]  **National Casualty Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

Scottsdale, Arizona 85255

[ ]  **Scottsdale Insurance Company**

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

[ ]  Scottsdale Indemnity Company

Home Office: One Nationwide Plaza

 Columbus, Ohio 43215

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

[ ]  **Scottsdale Surplus Lines Insurance Company**

Adm. Office: 18700 North Hayden Road

 Scottsdale, Arizona 85255

1-800-423-7675 • Fax (480) 483-6752

**PUBLIC AUTO SUPPLEMENTAL APPLICATION—NON-EMERGENCY TRANSPORT**

**(Complete in Addition to the Commercial Automobile Application)**

**PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES**

**1. Applicant’s Name:**

**2. Has this service ever operated under another name?** [ ]  Yes [ ]  No

If yes, what name?

**3.** [ ]  Profit [ ]  Nonprofit Source of funding:

**4. Do you have a contract with a social service agency?** [ ]  Yes [ ]  No

If yes, list agencies (provide copy of contract):

**5. Percentage of fares paid by:**

Medicaid/Medicare:     % VA Benefits:     % Other Government Benefit:     % Passengers:     %

Other:     % If Other; Explain:

**6. Number of trips per year:**

Number of Emergencies:       Number of Non-Emergencies:

Percentage of Wheelchair Transport:      %

Percentage of Stretcher Transport:      %

|  |
| --- |
| **7. a. List major cities entered:**       |

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

**8. Is any transportation provided to the following destinations?** [ ]  Yes [ ]  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:      %

**9. 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:      %

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

**11. Do you distribute any medical supplies or equipment?** [ ]  Yes [ ]  No

|  |
| --- |
| If yes, provide details:       |

**12. 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:

**13. 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)

**14. 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

**15. Number of units equipped with lights and sirens?**

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

3 Point Tie-Down:       4 Point Tie-Down:

|  |
| --- |
| **17. Describe wheelchair and stretcher tie-down procedures:**       |

**18. 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?       |

**19. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers?** [ ]  Yes [ ]  No

**20. Does Applicant carry Professional Liability coverage?** [ ]  Yes [ ]  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy Number** | **Carrier** | **Limits** | **Term** | **Is Loading and Unloading Included** |
|       |       | $      |       |       |

**21. Does Applicant carry General Liability coverage?** [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Number** | **Carrier** | **Limits** | **Term** |
|       |       | $      |       |

**22. Are all vehicles owned by you?** [ ]  Yes [ ]  No

|  |
| --- |
| If no, explain:       |

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

|  |
| --- |
| Give details:       |

**23. Do employees use their own vehicles in your business?** [ ]  Yes [ ]  No

|  |
| --- |
| Explain:       |

Are any employees/volunteers’ vehicles used for client transport? [ ]  Yes [ ]  No

|  |
| --- |
| **24. Any other pertinent information about your business:**       |

**Refer to the application form for State Fraud Warnings.**

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.

**APPLICANT’S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

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

PRODUCER’S SIGNATURE: DATE:

AGENT NAME:       AGENT LICENSE NUMBER:

|  |  |  |
| --- | --- | --- |
|  | APPLICATION DISCLAIMER |  |
|  |  |
| I authorize the company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insured for which I have applied.DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in the credit report. We may utilize a third party for development of the insurance score. The credit report/insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied. I authorize the company to obtain a credit report, including but not limited to a credit based insurance score based on the personal information provided. |