

RLI – Ambulance Automobile Questionnaire – New Business

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

Coverage Effective Date: _____ Main Phone Number: _____ Website: _____

Insured's Physical Address: _____

Insured's Mailing Address: _____

Business Owner's Name and Direct Phone Number: _____

Business Email: _____ Owner's Email: _____

DOT #: _____ MC #: _____ CA MCP #: _____

If a state filing is required, list the state(s): _____

Is a federal filing required? _____ ☐ Yes ☐ No ☐ N/A

Have you been cancelled or non-renewal over the past 5 years? _____ ☐ Yes ☐ No ☐ N/A

If yes, please provide details. _____

Have you filed for bankruptcy protection within the last 5 years? _____ ☐ Yes ☐ No ☐ N/A

Do you own or control any other subsidiary or are you affiliated with any other entity? _____ ☐ Yes ☐ No ☐ N/A

If yes, please provide list. _____

Are there any related entities that you have insured separately that share either drivers or vehicles with this operation? _____ ☐ Yes ☐ No ☐ N/A

If yes, please provide details. _____

Number of years the entity has been under the current management: _____ Total Years In Business: _____

Exposure Details:

Narrative of the operation including use of the vehicles: _____

Projected, current, and historical exposures:

Year	# Vehicles	Revenue	Mileage	TIV \$	Deductible
Projected Year					
Current Year					
First Prior Year					
Second Prior Year					
Third Prior Year					
Fourth Prior Year					

Fleet Safety:

Name and title of individual responsible for the Fleet Safety Program: _____

Is there a formal, written Fleet Safety Program? (Include copy if available) _____ ☐ Yes ☐ No ☐ N/A

Does The Fleet Safety Program Include The Following?

- Do all drivers participate in defensive driver training at hire? _____ ☐ Yes ☐ No ☐ N/A
- Do all drivers participate in refresher defensive driver training at least annually? _____ ☐ Yes ☐ No ☐ N/A
- Is there a policy on personal use of company vehicles by employees? _____ ☐ Yes ☐ No ☐ N/A
- Are family members allowed to use the private passenger vehicles? _____ ☐ Yes ☐ No ☐ N/A

5. What is the current driver turnover percentage? _____%
6. Are the vehicles equipped with an on-board monitoring system?
(Automated Event Records (AER), Cameras, GPS, Telematics) ☐ Yes ☐ No ☐ N/A
 - a. Brand name of system(s) and type (camera or GPS): _____
 - b. Percentage of fleet installed with the system: _____

Business Information:

1. What are your hours of operations? _____
Number of shifts per 24 hours? _____
2. Total number of estimated annual ambulance calls (if applicable): _____
 - a. _____% of total ambulance calls that are emergency
 - b. _____% of total ambulance calls that are non-emergency
3. Total number of estimated annual paratransit calls (if applicable): _____
 - a. _____% of total paratransit calls that are wheelchair
 - b. _____% of total paratransit calls that are gurney/stretchers
 - c. _____% of total paratransit calls that are passenger van
4. Does Applicant have any professional coverage? ☐ Yes ☐ No ☐ N/A
 - a. Policy Number: _____
 - b. Carrier: _____
 - c. Term: _____
 - d. Limit: _____

Vehicle Use:

1. States operated in: _____
2. Largest cities: _____
3. Average trip distance: _____
 _____% <50 miles _____% 51-200 miles _____% 201-500 miles _____% over 500 miles
4. Do any vehicles have specialized permanently attached equipment or alterations?
(i.e. wheelchair lifts, etc.) ☐ Yes ☐ No ☐ N/A
 If yes, please provide details. _____

Driver Training:

1. If you operate patient transport vehicles, what type of training is provided to all drivers?
 - a. EVOC (Emergency Vehicle Operators Course)? ☐ Yes ☐ No ☐ N/A
 - b. CEVO (Coaching The Emergency Vehicle Operator)? ☐ Yes ☐ No ☐ N/A
 - c. In House Driver Training? ☐ Yes ☐ No ☐ N/A
 - d. Other? (Please Describe) _____
2. Are all ambulance drivers certified EMTs or paramedics? ☐ Yes ☐ No ☐ N/A

For The Owned Fleet, What Is The Usage Of Fleet?

Vehicle Type	# of Vehicles	% of Total "Calls"	Maximum Radius	Max # of Passengers	Average # of Passengers
Ambulance – Emergency & Non-Emergency					
Invalid Coach/Ambulettes/Wheelchair Vans					
Unmodified Private Passenger/Vans/Shuttles					
Private Passenger Vehicles					
Fly Car Vehicles					
Service/Maintenance/Security Vehicles					
Other Vehicles Describe: _____					
Other Vehicles Describe: _____					

Definitions:

- **Ambulance:** Any vehicle designed, appropriately equipped and used for the purpose of carrying sick or injured persons on an emergency basis. Normally will have EMT or paramedic on board.
- **Wheelchair Vans:** Any vehicle designed or modified and appropriately equipped for the transportation of wheelchair bound individuals.
- **Invalid Coach or Ambulettes:** Any vehicle designed or modified and appropriately equipped for the transportation of non-emergency patients, normally without the aid of medical personnel.
- **Fly Car:** Any vehicle designed, appropriately equipped and used for the purpose of transporting equipment and personnel to an emergency site. These vehicles have lights and sirens, but are not used for patient transport.
- **Unmodified Private Pass/Vans/Shuttles:** These are used to carry the patients, public or employees.

Hired And Non-Owned Automobile:

Driver Class	Total # of each driver class	% that drives their own vehicle incidentally or never for work purposes	% that drives their own vehicle occasionally for work purposes	% that drives their own vehicle daily or regularly for work purposes	Total Percentage (Should equal 100%)
Employees					
Volunteers					
Independent Contractors/Sub-contractors					

(i.e. driving to client's locations, delivery, mail pickup, bank deposits or home health care)

1. Do you have any agreements in place that would require you to assume liability on a primary and/or noncontributory basis for any vehicles that you borrow or hire? ☐ Yes ☐ No ☐ N/A
If yes, please provide details and provide copies of these agreements: _____
2. Total amount expensed in the previous fiscal period, as reported to the IRS, for mileage reimbursement. _____
3. What is the projected mileage reimbursement for the upcoming year? _____
4. What is the annual cost of hire for the current year? _____
5. What is the projected cost of hire for the upcoming year? _____
6. Does the company require all employees, volunteers, or independent contractors who use their own vehicles for company business to carry personal auto insurance? ☐ Yes ☐ No ☐ N/A
What limits are required? _____
7. For those employees, volunteers, or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? ☐ Yes ☐ No ☐ N/A
Who maintains these records? _____
8. If the entity uses independent contractor, is there a signed written contract between the entity and the independent contractor? ☐ Yes ☐ No ☐ N/A
If yes, please provide a sample contract.

9. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?
- a. Short-term lease # (less than 6 months): _____
 - b. Short-term rental # (includes airport rentals): _____
10. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____
11. Other than airport rentals what is the average length of time these vehicles are hired/borrowed? _____
12. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____
- a. Does the insured require their employees to purchase the rental agency insurance? ☐ Yes ☐ No ☐ N/A
 - b. Does the insured provide corporate credit cards that include rental car insurance? ☐ Yes ☐ No ☐ N/A

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

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 policyholder 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.

FLORIDA, OKLAHOMA

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. (Florida only)

KENTUCKY, PENNSYLVANIA

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.

MAINE, TENNESSEE, VIRGINIA, 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 may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.