



Hospital Fleet Complete

**Hospital Fleet Complete Auto Application
(Must be attached to Acord Application)**

PO Box 440549 Kennesaw, GA 30160
Phone: (678) 290-2100
www.thomcoins.com

Today's Date: _____

BASIC INFORMATION:

- 1. Named Insured: _____ 2. DBA: _____
- 3. Mailing Address: _____
- 4. Physical Address: _____
- 5. Phone: _____ 6. Fax: _____
- 7. Website Address: _____
- 8. Safety Manager's Name, Cellphone Number & Email Address: _____
- 9. EMS Manager's Name, Cellphone Number & Email Address: _____
- 10. FEIN Number: _____

OPERATIONAL INFORMATION:

- 1. Does the hospital lease, hire or rent vehicles that are not listed on the vehicle schedule? Yes No
If yes, please provide the following:
Type of vehicles leased, hired or rented: _____
Cost of hire for these vehicles for the previous 12 months: \$ _____
- 2. Does the hospital operate a Home Health or Hospice program? Yes No
If yes, please provide the following:
Number of Home Health/Hospice Employees that use their own personal auto: _____
Are certificates of insurance required for these employees? Yes No
Annual number of visits: _____
- 3. Are motor vehicle reports (MVRs) checked prior to hiring drivers? Yes No
- 4. What is the established minimum age standard for drivers? _____

5. What are the vehicle counts for the following classifications:

Type of Auto	As of Today	Renewal Date 1 year ago
Ambulances		
Patient Transport (non-ambulances)		
Mobile Clinics		
Fleet (all other autos)		

AMBULANCE INFORMATION:

If the hospital operates ambulances, please answer the following:

- 1. The number of ambulance calls in the past 12 months:
Emergency _____ Non Emergency _____
- 2. At what speed may your ambulances operate with the Emergency Warning Systems activated? _____
- 3. Onboard Monitoring (OBM) (black box, cameras, GPS, stickers)
 - a) Brand name of system(s): _____
 - b) Date the system was installed: _____
 - c) Number of vehicles currently installed with the system: _____
 - d) Employee responsible for the management of the OBM:
Name: _____ Phone Number: _____
Email: _____

LIMITS OPTIONS

Automobile Liability Limits (check one):

\$1,000,000 Combined Single Limit Bodily Injury & Property Damage

\$2,000,000 Combined Single Limit Bodily Injury & Property Damage

Auto Physical Damage Deductible Options (check one):

\$500

\$1,000

\$2,000

Inland Marine (mobile ambulance equipment/supplies): Blanket limit: _____

Deductible: \$500 \$1,000