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Today's Date: _____

BASIC INFORMATION:

1. Named Insured: _____ 2. DBA: _____

3. Mailing Address: _____

4. Physical Address: _____

5. Has your service had a change of ownership in the past 2 years? [] Yes [] No

If yes, please explain: _____

6. The number of ambulance calls in the past 12 months? Emergency _____ Non Emergency _____
The estimated ambulance calls in the next 12 months? Emergency _____ Non Emergency _____

7. The number of paratransit/wheelchair calls in the past 12 months: _____
The estimated paratransit/wheelchair calls in the next 12 months: _____

8. Number of full and part time employees/volunteers that drive or provide patient care:
_____ Paramedics
_____ Critical Care Paramedics
_____ Registered Nurses
_____ Advanced EMT (EMT-A or EMT-I)
_____ Emergency Medical Tech (EMT-B)
_____ Emergency Medical Responder (EMR, First Responder)
_____ Other
_____ TOTAL

9. 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: _____

10. Please provide the name of the driver training program(s) that you provide or
participate in: _____
of Classroom Hours: _____ # of Behind the Wheel Hours: _____

11. Name of Workers Compensation Carrier: _____
Policy #: _____ Eff. Dates: _____ to _____
Employers Liability Limit: \$ _____

Bodily Injury by Accident: \$	Each Accident
Bodily Injury by Disease: \$	Policy Limit
Bodily Injury by Disease: \$	Each Employee

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE

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.

statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO 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.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS