



Senior Transport Supplemental Application

To be attached to ACORD forms. NOTE: All questions must be answered or application will be returned.

Applicant Statement and Signature: This application, loss information, and ACORD applications are understood to be an inducement to the issuance of a policy of insurance by Company. The undersigned hereby:

- A Authorizes Company to obtain information necessary for evaluation in determining acceptability including, but not limited to, motor vehicle reports, credit reports, and physical inspections.
- B Acknowledges that the values indicated on the Acord statement of values are correct to the best of their knowledge.
- C Warrants that all answers to questions are true and correct to the best of the applicant's knowledge and belief.

Applicant's Signature _____ Date __ __ / __ __ / __ __

Effective Date Requested: __ __ / __ __ / __ __ Date Quotation Desired: __ __ / __ __ / __ __

This application **requires** the following attachments: Currently valued hard copy insurance carrier loss runs for a minimum of the past five (5) years. Include all lines of coverages whether at fault or not at fault for a minimum of the past five (5) years.

Producer Name _____ Thomco Producer Code _____

Producer Address _____ City _____ State _____ Date __ __ / __ __ / __ __

Producer Phone Number _____

Email Address _____

Loss Control Contact Name _____ Phone (__ __ __) _____ - _____

1 Organization: Sole Proprietor Partnership Corporation

2 Employers Federal I.D. Number _____

3 Is company a subsidiary or division of a parent company? Yes No

If yes, please list name of parent company _____

4 Has company, its owner(s), officers, directors, or employees ever been party to any civil, criminal, or regulatory proceedings resulting in administrative, punitive, sanction, or license suspension/revocation action? Yes No

Explain in detail on separate sheet.

WHEELCHAIR - AMBULETTE - AMBULATORY TRANSPORTATION

5 Do insured vehicles comply with all current ADA standards for the following:

Lift out or pull out ramps? Yes No

Mechanical lifts? Yes No

Wheelchair passenger/patient safety restraint system? Yes No

Vehicle wheelchair securing system? Yes No

Ambulatory passenger/patient safety restraint system? Yes No

6 Explain in detail on a separate page your total procedures for placing a passenger/patient onto a wheelchair, placement into the vehicle, and securing the wheelchair and passenger/patient to the vehicle.

HUMAN RESOURCES

7 Who is responsible for new employee orientation? _____

8 Explain the age requirements you have for new applicants: _____

9 Number of class room hours required: _____ Number of driving hours required: _____

10 Indicate what information is maintained in each employees' personnel file:

Date of Hire

Photocopy of Driver License

Date of Birth

Current Motor Vehicle Record

Right-to-Work Verification

Who to notify in an emergency

VEHICLES AND VEHICLE MAINTENANCE

11 Indicate the total number, by type, of scheduled vehicles operated by company:

Resident Transport Vehicles	#	General Service	#
WC Van - Electric Lift or Ramp (seating capacity 15 and under)		Maintenance	
Ambulatory Auto or Van (seating capacity 15 and under)		Other	
Mini Bus - Ambulatory or W/C (seating capacity 16 - 20)			
Bus - Ambulatory or WC (seating capacity 21 and above)			
Total Number of Scheduled Vehicles			

12 Do your passenger and patient transportation vehicles have special securing systems for scooters and other types of motor driven mobile chairs?..... Yes No

Does the insured have written procedures for securing scooters and wheelchairs? Yes No

13 Does the company operate its own Vehicle Maintenance Facility?..... Yes No

If yes, does the company perform repairs for others? Yes No

If yes, please explain: _____

14 Does the company maintenance department maintain service files on each vehicle? Yes No

15 Are maintenance request forms describing problems and completed repairs used? Yes No

16 Do you require daily vehicle inspection by the driver who will be driving the vehicle? Yes No

If yes, please include a copy of your inspection form.

17 Does service modify or manufacture any vehicle? Yes No

If yes, please explain in detail on separate sheet.

DRIVER TRAINING

18 Does your company have driver training? Yes No

Name: _____ Email Address: _____

19 What level of training is required of new drivers before they are allowed to drive passengers/patients? _____

20 Are all drivers properly licensed at this time? Yes No

21 Does the company have a performance evaluation system for drivers? Yes No

22 Do you have minimum age requirements for drivers? Yes No

If yes, what is the age? _____

23 Do you require all drivers to be basic first aid and CPR trained? Yes No

24 Is there a system in place to monitor all training and licenses are current? Yes No

25 Do you provide annual company training? Yes No

What are the number of hours? _____

26 Would you be interested in enrolling in The American Agency Driver Safety Program? Yes No

LOSS CONTROL - SAFETY - RISK MANAGEMENT

27 Indicate whether or not company currently has the following manuals:

Policy & Procedures Yes No

Driver Training Yes No

- OSHA Guidelines..... Yes No
- Infectious Disease Control..... Yes No
- Safety Yes No
- Injury & Illness Prevention Program Yes No
- Other _____..... Yes No

28 Does company review MVR's of all new operator/drivers prior to driving company vehicles?..... Yes No

29 Indicate company standards for operator/driver MVR's:

Maximum number of citations in the past three years: _____

Maximum number of accidents in the past three years: _____

Total allowable combined citations and accidents in the past three years: _____

Who reviews these reports? Name _____ Title _____

30 In the event of a mishap, does company convene an accident and incident review board?..... Yes No

31 Does company have an accident and incident discipline policy?..... Yes No

32 Does company maintain an OSHA Log-2000? Yes No

33 Does company have a safety bulletin board?..... Yes No

34 Does company have a policy and procedure that requires additional personnel when transporting a morbidly obese passenger?..... Yes No

35 Do your vehicles comply with or exceed current ADA vehicle lift standards?..... Yes No

36 Are all scheduled vehicles titled and registered to the company or applicant?..... Yes No

37 Are vehicles locked when not attended, garaged, or parked?..... Yes No

38 Are company owned vehicles given to on-call employees to take home?..... Yes No

39 How often do employees use their personal vehicles for company business? _____

40 Are all insured vehicles equipped with the following:

First aid kits? Yes No

DOT required safety warning devices? Yes No

No smoking signs in the driver compartment and passenger area? Yes No

Fire extinguishers that are approved by DOT or your local fire department? Yes No

Are you brokering this account for another agency?..... Yes No

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. (Not applicable in CO, HI, NE, OH, OK, or VT: in DC, LA, ME and VA, insurance benefits may also be denied)

By acceptance of an insurance policy based on this renewal verification, the Insured agrees that the statements in it are the Insured's representations, that they shall be deemed material and that the insurance policy is issued in reliance upon the truth of such representations, and that the insurance policy embodies all agreements existing between the Insured and the Company, or any of its agents, relating to this insurance. The Insured acknowledges that this renewal verification is a part of the insurance policy.

Applicant acknowledges that any Application is not an insurance policy but the information provided is relied upon by the Company to issue a policy. The Insured agrees that the statements herein are true and exact to the best of their knowledge.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____