

Non-Emergency Medical Transportation Supplemental Application Workers' Compensation

Insured Name: _____

Insured Website: _____ Insured FEIN: _____

I. PAYROLL/PREMIUM INFORMATION

Policy Year	Payroll	Premium
4 th Prior	\$ _____	\$ _____
3 rd Prior	\$ _____	\$ _____
2 nd Prior	\$ _____	\$ _____
1 st Prior	\$ _____	\$ _____
Current	\$ _____	\$ _____

II. OPERATIONS

Has this business been in operation for at least 3 years with prior Workers' Compensation coverage? Yes No

Any group transportation of employees? Yes No

Radius of Operations? < 25 Miles _____ 25-50 Miles _____ 50+ Miles _____

Does the operation have a fleet maintenance program? Yes No

If "Yes", who does the servicing? Outside Vendor In-house Mechanics

Are vehicles company-owned? Yes No

If "Yes", please provide # of: Car _____ Truck _____ Van _____ Bus _____

Are vehicles equipped with sirens or lights? Yes No

Are ambulances in the fleet? Yes No

Please provide an estimate of the Trips (must equal 100%):

Non-Emergency Transport _____ % Wheelchair _____ % Stretcher _____ %

Are all stops scheduled in advance? Yes No

Does the operation complete an MVR check? Yes No

If "Yes", please provide a copy of the guidelines and clarify the following:

- MVR's verified at time of hire? Yes No
- MVR's verified every 6 months after hire? Yes No
- Copies of MVR's maintained in personnel files? Yes No

Does the operation complete pre-hire drug testing? Yes No

Does the operation complete post-accident drug testing? Yes No

Does the operation complete pre-employment physicals? Yes No

Are subcontractors used? Yes No

If "Yes", for what purpose? _____

Are certificates of insurance obtained and kept on file for all subcontractors? Yes No

Are independent contractors used? Yes No

If "Yes", please list percentage of independent contractors _____%

If "Yes", please list job duties of independent contractors _____

If operation uses independent contractors, how are they paid? 1099 Other

If "Other", please explain: _____

Is patient handling training provided? Yes No

Do ALL drivers have 2 or more years' experience working with passengers, special needs, or the elderly? Yes No

Are drivers road tested prior to official hire? Yes No

Does operation have written procedures for the use of wheelchair lifts? Yes No

Does operation have written procedures in place for securing wheelchairs? Yes No

The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.

Name of Agent (please type or print)

Signature

Date

Name of Person Signing for Insured (please type or print)

Signature

Date