

## Non-Emergency Medical Transportation Supplemental Application Workers' Compensation

Insured Name: \_\_\_\_\_

Insured Website: \_\_\_\_\_ Insured FEIN: \_\_\_\_\_

### I. PAYROLL/PREMIUM INFORMATION

Policy Year	Payroll	Premium
4 <sup>th</sup> Prior	\$ _____	\$ _____
3 <sup>rd</sup> Prior	\$ _____	\$ _____
2 <sup>nd</sup> Prior	\$ _____	\$ _____
1 <sup>st</sup> 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