

## EMT/PARAMEDIC PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

1) Name of Applicant:

2) Address:

3) Website:

4) Phone Number:

5) Applicant is:

Private for-profit ambulance service (not Hospital based)

Public Ambulance service (city or county owned)

Non-profit ambulance service

Hospital owned ambulance service

Fire Department/Rescue Squad

Other (Specify):

6) Date service was established (mm/dd/yy):

7) Has your service had any change in ownership over the last three (3) years?  
If yes, please explain:

Yes    No

Operations:

8) Total Calls and Vehicle Units:

	This Year	Last Year	Next Year
Emergency Calls			
Non-Emergency Calls			

Vehicle Units:

9) Gross Annual Receipts/Revenue:

This Year \$

Last Year \$

Next Year \$

10) Check any of the following which your service performs: (If none, check here )

- Mast Trousers                      EQA                                      IV therapy/monitoring
- Drug Therapy                      Intubation                                      Defibrillation

11) Do you employ or contract the services of a Medical Director? Yes    No  
 If yes, please provide resume as attachment to this application.

12) Number of Staff:

	Employed	Contracted	Volunteer
Administrator			
EMT (basic)			
EMT (advanced)			
EMT Paramedic			
Dispatchers			
Administration/Clerical			
Other:			
<b>Total:</b>			

13) Do you require:

- Pre-employment physical exams                      Periodic physical exams

14) Are all technicians state/nationally certified prior to patient care? Yes    No

15) Are records maintained as to the certification status of all technicians? Yes    No

16) Are records monitored to ensure technicians are in compliance with certification requirements? Yes    No

If yes, are these records checked:

- Annually                      Bi-annually                      Monthly

Who is responsible for monitoring?

17) Do you employ or contract nurses or physicians for critical care transportation or other medical services? Yes    No  
 If yes, please explain transports/services and include individual professional application for nurse/physician by separate attachment.

If the nurses or physicians are independent contractors what limits of professional liability do you require that they maintain? \$

Do you record certificates for your records? Yes    No

Do you verify that all nurses and physicians are currently state licensed? Yes    No

18) Who dispatches your calls?

- 911                      In-house by your own employees                      Outside Service

a. If Outside service, please attach a copy of your contract with the provider.

b. If In-house:

What are the minimal education requirements for hire?

- High School                      Some College                      College Graduate

Do you provide in-house training? Yes No

Minimum hours for training:

Are dispatchers trained in Pre-arrival instruction or CPR/First Aid? Yes No

c. Is a standard call report completed for every call? Yes No

d. Who reviews the standard call reports for completeness, legibility and content?

e. When are these reviews completed?

Daily Weekly Monthly

f. How many shifts do you run?

Hours per shift?

g. When an ambulance is dispatched, how many EMT/Paramedics accompany the driver?

h. Are all emergency vehicles equipped with the first aid supplies and medical equipment mandated by state regulations? Yes No

i. Are you involved in any of the following:

- Special Event/Sports EMS
- Offshore EMS or Water Rescue
- Air Ambulance
- Activities other than EMS

19) What is the radius of your operations:

0-50 miles 50-100 miles Over 100 miles

20) What is the estimated population of the area you service?

21) How often is a condition and supply report completed on each ambulance?

By run By Shift Daily

22) Is there a written standard operation manual provided by employees? Yes No

Does this manual include specifics on medical waste disposal/containment? Yes No

23) Are MVR's checked for all drivers? Yes No

Are they checked: Bi-annually Annually

24) Have you maintained continuous coverage for Professional Liability? Yes No

25) Please provide Professional Liability policy information for the last three (3) years (if no current Professional Liability insurance is in place, check here NONE )

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)

26) General Liability:

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)

27) Automobile Liability:

Carrier	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)

28) Has any insurer cancelled/refused to renew any insurance coverage during the last five (5) years? Yes    No

If yes, please provide details on a separate attachment.

29) Has any professional liability claim or suit been made against you, any predecessor in business or against any past or present partner/officer(s)? Yes    No

If yes, please provide on a separate attachment these details – allegations, amount of damages/demand, date of loss/date claim made/reserve amounts for indemnity and expenses as well as paid amounts for indemnity and expenses. Attach currently valued loss runs for five (5) years.

30) Are you aware of any circumstances or incident which may result in any claim against you? Yes    No  
 If yes, please provide details on a separate attachment.

## Fraud Notices

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for 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.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** Any person who knowingly and with intent to defraud any insurance company or other 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 material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

**Other State Notices**

**Applicable in RI:** THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

***If you prefer not to return the questionnaire with an electronic signature, please print and sign.***