



Agent Information

Agency Name:

Agency Code:

Producer/CSR:

Phone:

Email:

New

Renewal

Policy Number:

**Ambulance Services Application
Professional Liability**



Applicant Information	
Applicant Name:	
Mailing Address	
Location Address (If Different):	
County (ies) doing business in:	
Telephone Number:	
Corporate Structure	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: <input type="checkbox"/> Not For Profit

Coverage Information	
Proposed Effective Date:	Retroactive Date:
Requested Limits of Liability:	
Requested Deductible:	
Other Coverages: <input type="checkbox"/> Defense Outside Limits <input type="checkbox"/> Punitive Damages <input type="checkbox"/> Physical & Sexual Abuse	
Compounding Gross Receipts Next 12 Months:	

History (Explain any 'Yes' answers on a separate sheet)
Has the insured, in the last 10 years in business ever been without professional and/or general liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any claims been made or occurrences reported during the past ten years against any of the proposed insureds or against any entity in which any proposed insured has or has had an interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does any proposed insured have any knowledge of an event, circumstance, or occurrence prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance, or occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any employee ever had any professional license refused, suspended, revoked, renewal refused or accepted only with special terms, or has the applicant or any of their employees voluntarily surrendered any professional license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant or any employee ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Ambulance Services Application
Professional Liability**



Prior Insurers (List prior Professional Liability insurers for the past five years, starting with the most recent year. If none, so state.)

Insurer	Policy Number	Limits of Liability	Premium	Eff. Date	Claims Made

Exposures

Total number of scheduled patient transport (non-emergency) runs last year:

Estimated amount of runs next year:

Radius of operations:

Number of patient encounters at special events (if any):

Total number of ambulances at each location per shift:

Are ambulances equipped with cardiac telemetry? Yes No
If yes, to what command center?
Who provides medical orders?

Does your service provide Air or Watercraft ambulance services? Yes No
If yes, please describe:

Does your service provide water rescue services? Yes No
If yes, please describe:

Does your service provide mobile intensive care? Yes No

Does your service provide mobile neonatal intensive care? Yes No

Does your service routinely provide first aid services to any sporting event, carnival, fair, etc? Yes No
If yes, state type, location, and number of patient encounters:

Exposures Cont.
Does the applicant desire to provide coverage for independent contractor(s), including them as additional insured(s) on their policy while working on the applicant's behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No
Explain procedures for refusal of transport of an adult:
For refusal of transport of a minor:
Explain criteria for "No-Transport" by service:
Do you enter into contractual agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please enclose copies of all such contracts.

Other Information (please explain all yes answers on a separate sheet)
Have any claims been made or occurrences reported during the past six years against any of the proposed insureds or against any entity in which any proposed insured has had an interest? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does any proposed insured have any knowledge of an event, circumstance, or occurrence (other than any listed above) prior to the effective date of the proposed policy, or does any proposed insured foresee that a claim may be brought as a result of said event, circumstance, or occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No
I understand and agree that this Application and any and all supplements attached hereto may be made a part of any policy issued, and any such insurance will be issued by relying upon the representation made herein. I further understand and agree that failure to provide a true and accurate response to the foregoing questions may, at the option of the Company, result in the voiding of insurance issued in reliance on this Application and/or denial of claims under any policy issued.
I authorize and consent to investigations or release of documents containing information relative to moral character, professional reputation, and fitness to engage business. I authorize the release of any information public or private to Greenhill Insurance related to this purpose.
I understand and agree that these investigations shall not be confined to information submitted in this application, but shall include any other sources of information deemed relevant by the Company as may be authorized by law.
Applicant and all owners, employees, and contractors are licensed or duly authorized in all states or jurisdictions where professional services are provided. Applicant warrants the truth of all answers to the above questions, and that applicant has not withheld any information which is calculated to influence the judgment of the insurance company in considering this application.
I confirm that I am authorized to sign this application on behalf of the applicant. Important: This application must be signed by the applicant. Signing this form does NOT bind Greenhill or the company to complete the insurance.
Signed _____ Date _____
Title _____

Agency/Broker Information

Agency Name:

Broker/Contact Name:

Telephone: