Roush Insurance Services, Inc.
PO Box 1060 • Noblesville, IN 46061-1060
Phone: (800) 752-8402 • Fax: (317) 776-6891
www.roushins.com • Email: quote@roushins.com

- [ ] **Deerfield Insurance Company**
- [ ] **Evanston Insurance Company**
- [ ] **Essex Insurance Company**
- [ ] **Markel American Insurance Company**
- [ ] **Markel Insurance Company**
- [ ] **Associated International Insurance Company**

SUPPLEMENT FOR AIRAMBULANCE OPERATORS FOR SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE

1. Full legal name and address of Applicant:____________________
2. (a) Total number of transfers for the last 12 months:____________________
   (b) Total number of transfers for the next 12 months:____________________
   (c) Number of emergency transfers for the past 12 months:____________________
   (d) Numbers of emergency transfers for the next 12 months:____________________
3. Radius of operation:____________________
4. Percentage of rotary wing operation:____________________
5. Percentage of fixed wing operation:____________________
6. Percentage of inter-facility (hospital to hospital) operation:____________________
7. If inter-facility transfer, are signed physician orders transported on board the aircraft with the patient? [ ] Yes [ ] No
8. Name of all medical facilities (hospital, etc.) the Applicant affiliated with: ____________________
9. Does the Applicant have a Medical Director? [ ] Yes [ ] No. If Yes, provide the Medical Director's name:
   ____
10. Does the Medical Director serve as an attending flight physician? [ ] Yes [ ] No
11. Limits of Professional Liability Insurance the Medical Director carries: ____________________
12. Does the Applicant have Standing Order Protocols? [ ] Yes [ ] No. If Yes, provide who they are written by:
    ____
13. Will the Applicant's staff include Attending Flight Physicians? [ ] Yes [ ] No
14. What is the minimum limit of liability of professional liability insurance the Applicant requires Attending Flight Physicians to carry?____________________
15. How does the Applicant confirm the Medical Director's and Attending Flight Physician's insurance is in place?
    ____

If coverage is to include the Medical Director or Attending Flight Physicians, complete separate the Application for Physicians, & Surgeons Professional Liability Insurance.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of my/our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the Applicant (within 60 days of the proposed effective date).

____________________	____________________
Name of Applicant	Title (Officer, partner, etc.)
Signature of Applicant	Date

Agency ____________________ Phone ____________________

Address ____________________ Fax ____________________

City ____________________ State ________ Zip ____________