

Roush Insurance Services, Inc.

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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

PUBLIC AUTO SUPPLEMENTAL APPLICATION— NON-EMERGENCY TRANSPORT

(Complete in Addition to the Commercial Automobile Application)

PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is your service a subsidiary or division of another company? Yes No
If yes, advise the name of the company, their address and their relationship to you: _____

3. Has this service ever operated under another name? Yes No
If yes, what name? _____

4. Profit Nonprofit Source of funding: _____

5. Do you have a contract with a social service agency? Yes No
If yes, list agencies: _____

6. Percentage of fares paid by:
Medicaid/Medicare: _____% VA Benefits: _____% Other Government Benefit: _____% Passengers: _____%
Other: _____% If Other; Explain: _____

7. Number of trips per year: _____
Number of Emergencies: _____ Number of Non-Emergencies: _____
Percentage of Wheelchair Transport: _____% Percentage of Stretcher Transport: _____%

8. a. List major cities entered: _____

b. What percentage of the operations involves transportation in these cities? _____%

9. Is any transportation provided to the following destinations?..... Yes No

If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts _____% Workplaces _____% Senior Centers _____% Schools _____%
 Daycare Centers _____% Psychiatric Centers _____% Heliport or Airport _____% Other _____%

10. Are passengers assisted in or out of the autos? Yes No

If yes, provide percentage of: Curb-to-Curb _____% Door-to-Door _____% Door Through Door _____%

11. Who dispatches your calls? 911 Outside Sources In-house by your own employees or volunteers

12. Do you distribute any medical supplies or equipment? Yes No

If yes, provide details: _____

13. Indicate level of training and number of individuals who drive and/or provide client care (full-time, part-time or volunteer):

	EMT Basic	EMT Advanced	EMT Paramedic	Other	No Certification
Number Of Employees					
Number Of Volunteers					

If "other" is marked above, explain: _____

14. Identify the types of special driver training programs that your drivers receive:

- General Driver Orientation Defensive Driving Primary First Aid
- Advanced First Aid CPR Passenger Assistance Training
- Human Relations Skills Non-Medical Emergency Training Emergency Vehicle Evacuation
- Emergency Vehicle Operators Course (EVOC)

15. Do you:

Screen employees and drivers' histories for sexual abuse charges and convictions?..... Yes No

Verify licenses/professional certificates? Yes No

Screen employees for previous involvement as defendants in malpractice litigation?..... Yes No

16. Number of units equipped with lights and sirens? _____

17. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 Point Tie-Down _____ 4 Point Tie-Down _____

18. Describe wheelchair and stretcher tie-down procedures: _____

19. Is scooter transport (electric scooters or mobility scooters) provided? Yes No

If yes, how are passengers secured? _____

If yes, how are scooters secured within the vehicle? _____

20. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? Yes No

21. Is there an accident review procedure?..... Yes No

If yes, describe: _____

22. Describe vehicle maintenance program: _____

23. Does Applicant carry Professional Liability coverage? Yes No

Policy Number	Carrier	Limits	Term	Is Loading & Unloading Included
		\$		

24. Does Applicant carry General Liability coverage? Yes No

Policy Number	Carrier	Limits	Term
		\$	

25. Are all vehicles owned by you? Yes No

If no, explain: _____

If no, explain: _____

Are they leased, etc.? Yes No

Give details: _____

26. Do employees use their own vehicles in your business? Yes No

Explain: _____

Are any employees/volunteers' vehicles used for client transport?..... Yes No

27. Are all drivers covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

28. Any other pertinent information about your business: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: 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 applicable to Nebraska, Oregon or Vermont)**.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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.

APPLICABLE IN HAWAII (AUTOMOBILE): For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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 or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits

NEW YORK AUTOMOBILE FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)