

# THE AMERICAN AGENCY

## APPLICATION FOR EMS PROVIDERS

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Fax: 913-661-2466

**IMPORTANT:** In order for our underwriters to consider this application for coverage, all questions must be completed in full, signed, and dated by an officer or manager of the named insured and the producing agent.

**Note:** When answering questions 24, 25, 27a, 33, 34, 39, 40, 41, 42, 46, and 48, please refer to the **Crucial and Commonly Misunderstood Application Questions** for further explanation.

1. **Expiration Date of Present Coverage** \_\_\_\_\_

2. Name of Service \_\_\_\_\_

3. Street Address \_\_\_\_\_

4. City \_\_\_\_\_ 5. County \_\_\_\_\_

6. State & Zip Code \_\_\_\_\_

7. Are you located in an area subject to flooding?  Yes  No

**If yes, please attach disaster plan.**

8. Non-emergency Telephone Number \_\_\_\_\_  
Area Code Telephone #

9. Is your service organized as a: (check where applicable)

- |                                              |                                      |
|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation         | <input type="checkbox"/> Association |
| <input type="checkbox"/> Governmental Unit   | Please Provide your FEIN _____       |

10. Is your service a subsidiary or division of another company?  Yes  No

**If yes, please advise the name of the company, their address and the existing relationship.**

11. Is your service a: (check where applicable)

- |                                                                           |                                                           |
|---------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Private (Proprietary) Ambulance Service          | <input type="checkbox"/> Public Ambulance Service         |
| <input type="checkbox"/> City Owned & Operated                            | <input type="checkbox"/> County Owned & Operated          |
| <input type="checkbox"/> Fire Department                                  | <input type="checkbox"/> Rescue Squad                     |
| <input type="checkbox"/> Volunteer Ambulance Corps                        | <input type="checkbox"/> Hospital Based Ambulance Service |
| <input type="checkbox"/> First Responder Group                            | <input type="checkbox"/> Ambulette or Chair Car Service   |
| <input type="checkbox"/> Hospital Owned and/or Operated Ambulance Service |                                                           |

12. On what date was your service legally established? \_\_\_\_\_  
Month Year

13. Manager's Name \_\_\_\_\_

Length of time managing service \_\_\_\_\_

**If answers to questions 12 or 13 are less than 3 years, please attach resume of manager.**

14. Has your service had any change in ownership over the last 3 years?  Yes  No

**If yes, please provide details.** \_\_\_\_\_  
 \_\_\_\_\_

15. Name and title of individual to be contacted regarding insurance information:

\_\_\_\_\_ Name \_\_\_\_\_ Title

16. Is your service involved in any fund-raising activities?  Yes  No

If yes, please describe these activities \_\_\_\_\_

17. How many ambulance calls does your service handle per year?

Emergency \_\_\_\_\_ Non-Emergency \_\_\_\_\_

18. How many paratransit/wheelchair calls does your service handle per year? \_\_\_\_\_

19. Does your service perform the following? (check where applicable)

- Mast Trousers  EOA
- IV Therapy including IV Monitoring  Defibrillation
- Intubation

**A lack of entry for the above categories indicates only Basic Life Support skills are provided.**

20. Does your service have a Medical Director?  Yes  No

If yes, please list name: Dr. \_\_\_\_\_

21. How many individuals, who provide patient care, (**full time, part time, paid or volunteer**) are certified as (**count each individual only once**):

\_\_\_\_\_ EMT Basic \_\_\_\_\_ Paramedic  
 \_\_\_\_\_ EMT Intermediate/Advanced \_\_\_\_\_ CPR only  
 \_\_\_\_\_ State Certified First Responder  
 \_\_\_\_\_ Current & Valid Advanced First Aid and/or American Red Cross Card Holder  
 \_\_\_\_\_ Other (please explain) \_\_\_\_\_  
 \_\_\_\_\_ Total number of Employees/Volunteers

22. **What are the Vehicle Counts for the following classifications and dates?**

Classifications	As Of Today	Renewal Date 1 Year Ago	Renewal Date 2 Years Ago	Renewal Date 3 Years Ago	Renewal Date 4 Years Ago
<b>Ambulances</b>					
<b>Paratransit/Wheelchair</b>					
<b>First Responder</b>					
<b>Service (all other units)</b>					
<b>TOTALS</b>					

23. Who dispatches your calls?

- 911
- In-house by our own employees/volunteers
- Outside Sources (explain) \_\_\_\_\_

24.If dispatching duties are performed in-house, please advise the following:

- a. Is previous dispatching experience required for employment?  Yes  No
- b. If yes, how much is required? \_\_\_\_\_
- c. Describe in-house training for dispatchers including length of training time involved: \_\_\_\_\_

25.Does your service screen calls to determine whether or not an ambulance will be dispatched?

- Yes  No If yes, please attach a copy of written procedures.

26.Is a call report completed on each and every call, and each and every time an ambulance is requested?

- Yes  No

If no, please elaborate: \_\_\_\_\_

27.a. How often are your call reports reviewed for completeness, legibility and professional content? \_\_\_\_\_

- b. Who reviews these reports? \_\_\_\_\_

Name

Title

28.Indicate the number of hours your employees/volunteers

- a. Work per shift \_\_\_\_\_
- b. Are off duty between shifts \_\_\_\_\_

29.Does your service have any non-owned and/or leased property in its physical care, custody or control?

- Yes  No

If yes, are you responsible for any damage to such property?  Yes  No

Describe property, use and value \_\_\_\_\_

**Please attach copy of lease or agreement.**

30.Does your service carry Workers' Compensation and Employer's Liability coverage?  Yes  No

If yes, does this policy cover both paid employees as well as volunteers?  Yes  No

If your service carries this coverage, please advise the following:

Name of Workers' Compensation carrier \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Period \_\_\_\_\_

Employer's Liability Limit --- Bodily Injury by Accident \$ \_\_\_\_\_, Each Accident

Bodily Injury by Disease \$ \_\_\_\_\_, Policy Limit

Bodily Injury by Disease \$ \_\_\_\_\_, Each Employee

31.a. Is your service involved in mock disasters?  Yes  No If yes, how often \_\_\_\_\_

b. Is your service the sponsor of these mock disasters, or just a participant? \_\_\_\_\_

c. Briefly describe what is involved in the mock disasters as discussed above \_\_\_\_\_

32. Is your service involved in:
- |                                         |                                                          |
|-----------------------------------------|----------------------------------------------------------|
| Air Ambulance Operations                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Rescue Operations                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Off-shore EMS                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Activities or Operations other than EMS | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Event EMS                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If yes, provide detail \_\_\_\_\_

33. What is the percentage of mileage radius for your service's operation?  
 0-50 miles \_\_\_\_\_%      50-150 miles \_\_\_\_\_%      over 150 miles \_\_\_\_\_%

34. How many times per year do your vehicles travel into the Greater Metropolitan areas of these 30 cities listed below? **Complete the attached Supplementary Form #1.**

- |                  |                     |                      |
|------------------|---------------------|----------------------|
| _____ Atlanta    | _____ Hartford      | _____ Philadelphia   |
| _____ Baltimore  | _____ Houston       | _____ Phoenix        |
| _____ Boston     | _____ Indianapolis  | _____ Pittsburgh     |
| _____ Buffalo    | _____ Kansas City   | _____ Portland       |
| _____ Chicago    | _____ Los Angeles   | _____ St. Louis      |
| _____ Cincinnati | _____ Miami         | _____ San Antonio    |
| _____ Cleveland  | _____ Milwaukee     | _____ San Diego      |
| _____ Dallas     | _____ Minneapolis   | _____ San Francisco  |
| _____ Denver     | _____ New Orleans   | _____ Seattle        |
| _____ Detroit    | _____ New York City | _____ Washington, DC |

35. How often is a condition report completed on each ambulance and its equipment?  
 By run       By shift       Daily       Other \_\_\_\_\_  
 (Explanation)

36. Who maintains your ambulance(s)? \_\_\_\_\_  
 Name of Company
- |         |       |             |
|---------|-------|-------------|
| _____   | _____ | _____       |
| Address | City  | State & Zip |

37. What is the maintenance schedule for ambulances? (please describe): \_\_\_\_\_  
 \_\_\_\_\_

38. Are maintenance records kept in your files?       Yes       No

39. Are your vehicles always locked when unattended?       Yes       No

40. How much above the posted speed limit will your ambulances travel in a true emergency mode? \_\_\_\_\_

41. Does your service allow third parties (other than the patient and personnel) to ride along in the ambulance?  
 Yes       No

42. When adding new drivers, does your service require previous ambulance driving experience?  
 Yes       No

If yes, how much experience do you require? \_\_\_\_\_

How do you verify this experience? \_\_\_\_\_

43. Does your service obtain Motor Vehicle Reports (MVR's) on all drivers who are allowed to operate the vehicles within your fleet?  Yes  No

If yes, what standards has your service established for what is an acceptable driving record?

Number of tickets in the past three years? \_\_\_\_\_

Number of accidents in the past three years? \_\_\_\_\_

Combination of tickets and accidents in the past three years \_\_\_\_\_ tickets plus \_\_\_\_\_ accidents?

44. Does your service maintain up-to-date driver's files including annual Motor Vehicle Reports?  
 Yes  No

45. Does your service maintain accident files?  Yes  No If yes, how long does your service keep these files? \_\_\_\_\_

46. Does your service maintain an Accident Review Committee?  Yes  No

If yes, are disciplinary measures utilized when accidents are determined to be your driver's fault?  
 Yes  No

47. What are the established minimum age standards for drivers? \_\_\_\_\_

48. Does your service provide an Ambulance Drivers Training Program?  Yes  No

If yes, which program(s) are drivers required to attend?

- Defensive Drivers Course: a. Film  b. Hands-on Training
- Emergency Vehicle Operators Course (EVOC)
- Highway Patrol Training
- Fail Safe Drivers Training
- In-house Drivers Training

**Please provide details including the length of time involved in the training process for those new hires without Emergency Vehicle Driving Experience.** \_\_\_\_\_

49. What is the total value of your **Portable Equipment Inventory**? \$ \_\_\_\_\_

**Portable Equipment does not include towers, antennas, repeaters, and base station radio equipment.**

Indicate valuation method -- Replacement Cost  Actual Cash Value

## LIMITS OPTIONS

**Note:** If an Excess Liability policy is desired, \$1,000,000 limits are mandatory on both the Automobile Liability and Professional/General Liability. **Employment Related Practices Liability is not available.**

**Automobile Liability Limits** (check one desired)

- \$500,000 Combined Single Limit Bodily Injury & Property Damage  
 \$1,000,000 Combined Single Limit Bodily Injury & Property Damage

**Professional Liability/General Liability Limits** (check one desired)

- \$500,000 any one claim/\$1,000,000 annual aggregate Professional Liability, including General Liability  
 \$1,000,000 any one claim/\$2,000,000 annual aggregate Professional Liability, including General Liability

Is an **Excess Liability** policy desired?  Yes  No

- \$1,000,000 Each Occurrence/\$1,000,000 Annual Aggregate  
 \$2,000,000 Each Occurrence/\$2,000,000 Annual Aggregate  
 Other (please list) \_\_\_\_\_

**Deductible Options** (check one)

- \$500 as respects Automobile Comprehensive, Automobile Collision & Portable Equipment (Inland Marine)  
 \$1,000 as respects Automobile Comprehensive, Automobile Collision & Portable Equipment (Inland Marine)  
 \$2,000 as respects Automobile Comprehensive, Automobile Collision & Portable Equipment (Inland Marine)

Is **Property Coverage** desired?  Yes  No If yes, please attach a completed ACORD Property Application.

Has any insurance carrier canceled or refused to renew any insurance within the past three years?  Yes  No  
(Not Applicable in the State of Missouri)

If yes, please give details \_\_\_\_\_

I certify that the foregoing statements are made truthfully and without evasion. The descriptions of coverage, eligibility, limits and premium are generally stated for the purpose of this brochure. In all cases, the wording of the insurance policy will determine the coverage provided. I further understand that withholding pertinent information, or submitting false information in connection with this application for insurance will void any insurance policy or certificate issued as a result of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **BROKERING THROUGH MARKETSCOUT**

Submitting Producer's Name \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed

Agency Name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone & Fax Numbers \_\_\_\_\_

Area Code Phone Number

Area Code Fax Number

Producer's E-mail Address \_\_\_\_\_

### **THE AMERICAN AGENCY**

Telephone: 913-323-7800

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Website: [www.theamericanagency.com](http://www.theamericanagency.com)

# LOSS HISTORY

## IMPORTANT

- ◆ **In order to quote, we require currently valued hard copy insurance carrier loss runs for a minimum of the past five (5) years.**
  - ◆ **Include all lines of coverages whether at fault or not at fault for a minimum of the past five (5) years.**
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# EMPLOYMENT RELATED

## PRACTICES LIABILITY

## IMPORTANT

- ◆ **Our markets DO NOT offer Employment Related Practices Liability.**
- ◆ **Be advised that Employment Related Practices (EPL) IS NOT included in our package.**

## SUPPLEMENTARY FORM #1 - EMS APPLICATION

### **Additional Data for Question 34:**

Please complete the following if any of your calls are into a Greater Metropolitan area.

1. a. Name and Street of Destination Location(s):

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b. Describe General Area of Destination Location(s) for us (such as: Outskirts of City; Mid City; Suburban only; etc.):

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(Use back of page if additional space is required)

2. Indicate percentage of these calls which are routine transfers (by Destination Location) into a Greater Metropolitan area:

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3. What routes are used to travel to destination(s)?

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4. What time of day do these trips occur?

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5. If special equipment and/or special drivers are used, please provide short description:

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# CRUCIAL AND COMMONLY MISUNDERSTOOD APPLICATION QUESTIONS

**Question #24.** *If dispatching duties are performed in-house, please advise the following: (a) Is previous dispatching experience required for employment? (b) If yes, how much is required? (c) Describe the in-house training program for dispatchers, including the length of training time involved.*

By answering "no" on (a) and leaving (b) and (c) blank, an applicant provides no indication of any training being provided for newly hired, inexperienced employees. This can reflect badly on an applicant. We place a great deal of emphasis on proper dispatcher training.

**Question #25.** *Does your service screen calls to determine whether or not an ambulance will be dispatched?*

If your service handles emergency responses, we are greatly concerned with a yes response to this question. We recognize the need for dispatchers to obtain accurate information, but when information retrieval causes a significant delay, many problems can result.

**Question #27a.** *How often are your call reports reviewed for completeness, legibility and professional content?*

The optimum response to this question is "daily." The call report will always find its way into the courtroom. Proper completion of these documents will go a long way in defense of alleged negligence. Daily reviews of this critical paperwork can reinforce appropriate habits for all EMS providers.

**Question #33.** *What is the percentage of mileage radius for your service's operation? (0-50 mi. \_\_\_\_% 50-150 mi. \_\_\_\_% over 150 mi. \_\_\_\_%)*

Please indicate the percentage that applies to each of the three choices. The sum of the three should equal 100%.

**Question #34.** *How many times per year do your vehicles travel into the Greater Metropolitan areas of these 30 cities?*

If your service handles calls within these cities, please have a Supplementary Form #1 completed. The form provides the following information: (a) Are these calls into larger cities emergency or non-emergency calls? (b) Are they handled during rush hours? (c) Are they into the heart of the city or out into the suburbs? and (d) Do you send your most seasoned drivers with the best knowledge and experience in traversing these cities of size?

**Question #39. Are your vehicles always locked when unattended?**

Believe it or not, ambulances get stolen, often resulting in severe damage to the vehicle. A double-key locking system is a low-cost way to greatly reduce the risk of ambulance theft while causing minimal inconvenience to the EMS crew.

**Question #40. How much above the posted speed limit will your ambulance travel in true emergency mode?**

This tells us a great deal about a client's concern for safety. Most safety directors and law enforcement officials agree that 10 miles per hour above the posted speed limit is sufficient when handling a true emergency call if weather or road conditions permit.

**Question #41. Does your service allow third parties (other than the patient and personnel) to ride along in the ambulance?**

Well-meaning passengers quickly turn into claimants in the event of an automobile accident, no matter how small the accident may be. A service has control over this exposure if they implement guidelines for their personnel to follow at all times.

**Questions #42 and #48 (related questions).**

**When adding new drivers, does your service require previous ambulance driving experience?**

**Does your service provide an Ambulance Drivers Training Program?**

If your service handles emergency work, we place a great deal of emphasis on the responses to these two questions. Dependent upon the applicant's location, experienced EMS personnel may not be available as new hires. However, each EMS provider has a responsibility to train all inexperienced personnel adequately. Please let us know (under question #48) how long an inexperienced new hire must be employed before being allowed to handle an emergency call.

**Question #46. Does your service maintain an Accident Review Committee? If yes, are disciplinary measures utilized when accidents are determined to be your driver's fault?**

The word "committee" in this question can be confusing. Essentially what we are asking is whether there is someone or some group in the ambulance service who will investigate and evaluate an accident to determine whether organizational procedures were followed, whether the driver should be assigned to non-driving duties in the future, etc.