



Underwriting Guidelines & Requirements:

NON-EMERGENCY MEDICAL TRANSPORTATION Submission Checklist

For a Non-Emergency Medical Transportation quote, please submit the following:

1. [Transportation Application](#) (Must Complete All Sections: General, Drivers & Vehicles)
 - a. Identify Vehicle Type (PP Auto, Van, Wheelchair Van, Non-Emergency Ambulance)
2. Supplemental Applications
 - a. [Paratransit Supplemental Application \(Auto Only\)](#)
 - b. [Paratransit Supplemental Application \(General Liability & Professional Liability\)](#)
2. Currently Valued Loss Runs - MIN of 5 Years or for the period in Business (if less than 5 Years)
3. MVRs on "All" Drivers - Valued 45 days or earlier
4. Complete description of Operations including:
 - a. Identifying any Contracts the Risk may have (if any).
 - b. Is there any On-Demand Work or "All" Pre-Scheduled? If any On-Demand, please explain.
5. Confirmation of the Number of Trips (per Vehicle/per Day)
6. Confirmation of the Average Mileage per Vehicle (per Policy Period)
7. Seating Capacity (per Vehicle)
8. Please provide a Target Premium

For Underwriting to apply MAX Credits, please include the following information (as applicable):

9. If Client has any of the following in place, please forward:
 - a. Loss Control/ Employee Safety Programs
 - b. Driver Training Programs
10. Vehicles with Factory Installed (please confirm):
 - a. Adaptive Cruise Control (ACC)
 - b. Automatic Emergency Braking (AEB)
 - c. Lane Departure Warning/Lane Keep
 - d. Blind Spot Detection
 - e. Camera - Rear or Dual View
 - f. New Safety Technologies
 - g. Safety Exit Assist
 - h. Facial Recognition Software

Please forward all submissions to quotes@cluettinsurance.com and copy Bruce Cluett at bcluett@cluettinsurance.com.