



Supplemental Questionnaire for Non-Emergency Medical Transportation

(To be used in conjunction with a FULLY completed ACORD application and company provided loss information. Please be sure to complete all questions on Page 8. A SIGNED copy will be required to bind.)

Name of Insured:

GENERAL INFORMATION

Number of Years:

- In Business: _____
- Current Ownership: _____
- Current Management in Place: _____

Does the insured have a website [] Yes [] No. If Yes, what is the address?

Have you ever operated under a different name: [] Yes [] No If "Yes", what name:

Insured's annual NEMT revenue: _____ Insured's annual mileage: _____

Names and descriptions of **ALL** operations and entities under common ownership (whether or not to be insured under the above named insured): _____

Limit of Liability Requested: _____

Historical Vehicle Data (Must Be Provided)

Vehicle by Seating Capacity	1-8 Passengers	9-20 Passengers	>20 Passengers
Proposed Year			
Current Year			
Prior Year			
Second Prior Year			
Third Prior Year			
Fourth Prior Year			

Expiring Liability Premium: _____ # Units: _____

OPERATIONS

Does the insured respond to any 9-1-1 or emergency calls? Yes No

Does the insured have any vehicles that are equipped with lights/sirens?
 Yes No

As a percentage (%) of total trips:

- Wheelchair: _____%
- Stretcher transportation: _____%
- Curb to Curb: _____%
- Door to Door: _____%
- Door through Door: _____%
- Pre-Scheduled: _____%
- On-Demand: _____%

Radius, as a % of total trips:

- 0-50 miles: _____%
- 51-200 miles: _____%
- 200+ miles: _____%

Does the insured subcontract **FOR** others? [] Yes [] No. *If yes, provide copies of contracts.*

Does the company enter into any written or verbal agreements to provide service? [] Yes [] No.

In what areas does the insured provide transportation? _____

Please check all the apply:

[] I will be transporting patients to the hospital/clinic/medical appointments

[] I will be transporting elderly passengers to the senior center

[] I will be transporting children under the age of 21

If yes, please describe the age range of the children: _____

If yes, do these children have physical/mental/or emotional handicaps? _____

If yes, will they be accompanied by a parent or guardian? _____

If yes, confirmation will be needed that all drivers are properly trained to assist a child with a physical/mental/emotional handicap *(Please describe in detail the training process, certifications, and any special procedures that are taken):*

SAFETY & CLAIMS MANAGEMENT (IF APPLICABLE, PLEASE PROVIDE COPIES OF ALL POLICY AND PROCEDURE MANUALS, TRAINING MANUALS, AND HIRING MANUALS)

Name and title of the person responsible for safety & claims management:

Email& Contact Number of safety & claims contact person:

Describe his/her duties:_____

Describe the insured's accident review& safety program:

How often are reviews held and is attendance mandatory?

Are cameras or other recorders installed in all vehicles? Since when? Name and model of camera or other equipment?_____

Is there a set protocol to follow if drivers are involved in an incident/accident?

Yes No: If yes, please describe it:_____

VEHICLE MAINTENANCE:

Describe the insured's preventive maintenance program:

How often are preventative measures taken? (ex. every 1000 miles):

How often will the cameras be maintained/inspected? _____

Does the insured require:

- Pre-Trip Inspections? Yes No
- Post-Trip Inspections? Yes No
- Regular In-Depth Inspections? Yes No
- Driver Problem Reports? Yes No
- Documentation of Repairs? Yes No

Do Drivers take vehicles home with them? Yes No

Please provide details on all special equipment in vehicles (*such as Lifts, Ramps, Passenger Restraint Systems, Floor Securement Systems, Stretcher Securing Systems, etc. Indicate which vehicles have which equipment*): _____

Brand of Wheelchair Locks: _____

Are passengers in tri-wheelers required to transfer to a wheelchair or a permanent seat after loading? Yes No

Are wheelchair or stretcher passengers ever permitted to ride in the vehicle in other than the designated securement locations? Yes No

Are ALL persons involved in wheelchair or stretcher transportation instructed in the proper use of securement equipment for all types of wheelchairs? Yes No

Describe procedures followed if wheelchair is not standard:

Who does the loading and unloading of the stretchers? _____

Who does the loading and unloading of wheelchairs? _____

What training is provided if employees load and unload? _____

Does an attendant accompany stretcher clients? Yes No.

If "Yes", is attendant an employee of the insured, employee of the facility requesting transportation or personal assistant of the passenger?

TRAINING

What training procedures are in place (please mark those that apply):

Training Manuals

Company Guideline Pamphlets

Observation Period

How long? _____

Certification Process

Wheelchair Loading

Wheelchair Securing

Is there re-training held? Yes No

If yes, how often is it held? _____

EMPLOYEES

- Full time drivers:_____
- Regular part time drivers:_____
- Back-up drivers:_____
- Volunteers:_____

Describe driver hiring procedures *(such as background checks, MVR acceptability, etc.)*:

Are MVR's ordered and reviewed on ALL drivers at least annually? Yes No

Are all drivers able to speak English? Yes No

Describe driver orientation program:

Check all that apply:

- Employment applications are required
- Employment references are checked
- All new drivers are required to have previous NEMT driving experience
What experience?_____
- Pre-employment physicals are performed
- Drug tests are performed
- Criminal background checks are performed on **all** drivers
If checked, what criteria is used to determine acceptability?_____
- Back-up drivers are required to follow the same hiring, MVR, and training criteria as regular drivers
- Driver files are kept
- There is an employee manual or handbook
- All vehicles are equipped with a cell phone or radio

NEMT Certification Form

Please have either the Owner or Operations Manager Initial Below & BOTH OWNER AND ALL SCHEDULED DRIVERS must sign below.

_____ All drivers are both knowledgeable and certified in operating an NEMT
If there are any EXCEPTIONS, please initial here: _____

_____ All drivers have received training and are certified in the loading and unloading of wheelchairs.
If there are any EXCEPTIONS, please initial here: _____

_____ Knowledgeable and certified in the proper securing wheelchair lockdown on 4 point lockdowns including not loading a passenger unless all four points are properly working.
If there are any EXCEPTIONS, please initial here: _____

_____ Trained in the use of and proper procedures of wheelchair ramps or lifts (if applicable).
If there are any EXCEPTIONS, please initial here: _____

_____ Confirm with passengers understanding that the seatbelt must always be fastened and physical impairments and pre-existing injuries must be taken into account when assisting passengers.
If there are any EXCEPTIONS, please initial here: _____

_____ Complete familiarity with the required procedures in the event of an emergency with a passenger and/or accident regardless of degree of seriousness to either notify Dispatch or call 911
If there are any EXCEPTIONS, please initial here: _____

It is hereby agreed and understood that all scheduled drivers are both certified and knowledgeable in all those signed above. It is understood that if not both certified or knowledgeable those individuals will not be assisting in the loading or unloading of passengers or driving the NEMT.

If there are any exceptions, please provide details below.

If you agree to the terms and conditions, please sign and date below:

Owner's Signature	Print Name	Date
Driver Signature	Print Name	Date
Driver Signature	Print Name	Date
Driver Signature	Print Name	Date
Driver Signature	Print Name	Date
Driver Signature	Print Name	Date

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Exceptions*(please provide detailed explanations with full driver names and the particular exception, if necessary include an additional page):*

Medical certificates should be provided on all drivers over the age of 70 who have a CDL. If not, provide any medical qualification report currently in use. Please attach any policies, procedures or programs used specifically for these drivers that serve to insure their fitness for duty and ability to operate assigned vehicles safely.

APPLICANT’S STATEMENT

I hereby declare that the statements made in this application and the contents of the other documents are true and correct and agree that any policy of insurance that may be issued now or in the future will be based on the warranties and representations contained therein.

Applicant:

_____ Signature of Officer/Manager Date

_____ Print full name Title

Producer:

_____ Signature Date

_____ Print full name Agency

**Questions?
800-926-6771**

**Submit Completed Application to:
quotes@cluetinsurance.com**