



Phone: (800) 926-6771

E-mail: quotes@cluetinsurance.com

Website: www.cluetinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

Inception Date (Current Expiration Date if different): _____

Submission Date: _____

Named Insured:	
Insured's Address:	
Principal Garaging Address:	
Web Site	
Federal Tax ID:	

I ELIGIBILITY and OPERATIONS

Owner(s) actively involved in the business? Yes No

Management experience (if in business less than 3 years please detail prior experience in related fields): _____

Names of all entities to be insured, address, year established, detailed description of each operation of their relationship to the insured:

- a. _____
- b. _____
- c. _____

Covid has interrupted all operators to varying degrees, so please include a statement regarding how your business has been impacted: (i.e., Units retired or garaged; Revenue lost etc.)

List entities with who insured has contracts:

Entity	Services



Phone: (800) 926-6771

E-mail: quotes@cluetinsurance.com

Website: www.cluetinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

Type of Service	Units - #Vehicles	Percentage %	Revenue \$\$\$
Passenger only			
Wheelchair			
Stretcher Transport			
Curb to Curb			
Door to Door			
Door through Door			
Pre-Scheduled			
On Demand			

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

Fleet Size and types

Types	# of units	Full Maintenance Records Y/N
Private passenger		
Medi Vans/Mini Vans		
Vans Wheelchair		
Vans Other		

Are all vehicles both titled and registered to the named insured? Yes No

Do any of your vehicles require FMCSA or STATE Filings? Yes No

If yes, please provide the US DOT, MC, PUC and state number if applicable.

Radius of Operations: 1-50 Miles _____ # 51-75 Miles _____ # 76 and over Miles _____ #

Estimated Annual Mileage from NEMT operations: _____

Historical Fleet Information

Policy year	Number of Units Priv Pass	Number of Units VANs (General)

Are vehicles are equipped with Telemetrics? (Information request, in addition) Yes No

Are vehicles equipped with video cameras? Yes No

Confirm there are no special external warning lights associated with operations. No



Phone: (800) 926-6771

E-mail: quotes@cluettinsurance.com

Website: www.cluettinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

- Are vehicles centrally garaged while not in use? Yes No
If not, where are vehicles kept? _____
- Do you subcontract work? Yes No
If yes, to whom: _____
- And do you get certificates of insurance? Yes No

II EMPLOYEE, DRIVER & VEHICLE MANAGEMENT

- Written employment application are used and maintained for 7 years Yes No
- MVR's - Every quarter Every 6 months Every Year When Hired
- Is the insured engaged with the State DMV License Electronic Notification System (LENS, in NYS) Yes No
- Reference Checks Yes No
- Criminal Background Checks Yes No
- Road Test Yes No
- Number of prior years' NEMT driving experience required. _____
- Total Number of Drivers: Full time: _____ Part time: _____
- Do you use any volunteers for any reason? _____

Drug Testing Yes No

Describe disciplinary procedure for moving violations and accidents

If there is a driver training program, Yes No If no please describe:

Safety Procedures include the following:

- Company rules & policies? Yes No
- Daily vehicle inspection procedure? Yes No
- Post trip reporting? Yes No
- Driver Problem reporting? Yes No
- Out of Service key drop? Yes No
- Documentation of repairs Yes No

Does the insured use cell phone or dedicated radios to communicate with drivers?

Cell phone Radios Instructions on use? Yes No

Equipment familiarization Yes No

Do you provide training for the handling of passengers and their medical equipment? Yes No

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



Phone: (800) 926-6771

E-mail: quotes@cluettinsurance.com

Website: www.cluettinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

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

Driver training involves the following:

- Training Manuals Company Guideline Instructions Observation Period/How long?
- Certification Process Wheelchair Loading Wheelchair Securing

If no to any of the above, please explain: _____

SAFETY & CLAIMS MANAGEMENT *(provide copies of all policies and procedure manuals)*

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

Email & Contact Number of safety & claims contact person:

Accident reporting procedures Yes No

Attach accident investigation documents

IN ADDITION TO THIS APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- * Fully completed ACORD application.
- * Loss Runs, currently valued (within the last 45 days), insurance company-produced, loss runs for the current and 3 prior policy years.
- * Full description of each loss over \$15,000. Include the name of the driver involved.
- * Current driver's list and motor vehicle records for ALL drivers.
- * If you answered yes to #10, please provide a report from your Telematics services for the last 30 days.
- * Current DOT medical for all drivers age 70 or older and any driver with less than 2nd year medical clearance.



Phone: (800) 926-6771

E-mail: quotes@cluetinsurance.com

Website: www.cluetinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

FRAUD AND APPLICANT'S STATEMENT

Knowingly presenting false information in an application for insurance may be a crime and violation of law subjecting the applicant to criminal and civil penalties.

Arkansas 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.

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 policyholder 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.

District of Columbia applicants: Warning: 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.

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.

Hawaii applicants: 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.

Kentucky applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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.

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.

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



Phone: (800) 926-6771

E-mail: quotes@cluetinsurance.com

Website: www.cluetinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

New Jersey applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico 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 civil fines and criminal penalties.

New York applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any material fact thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio applicants: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma applicants: Warning: 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.

Oregon applicants: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application or; (2) filing a claim containing a false statement as to any material fact may be violating state law.

Pennsylvania applicants: 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.

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.

Tennessee 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 include imprisonment, fines and denial of insurance benefits.

Virginia 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 include imprisonment, fines and denial of insurance benefits.

Washington 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 include imprisonment, fines, and denial of insurance benefits.



Phone: (800) 926-6771

E-mail: quotes@cluetinsurance.com

Website: www.cluetinsurance.com

NON-EMERGENCY MEDICAL TRANSPORTATION PROGRAM SUPPLEMENTAL APPLICATION

West Virginia 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.

Arbitration statement

For Utah applicants only:

Any matter in dispute between you and the company may be subject to arbitration as an alternative to court action pursuant to the rules of (the American Arbitration Association or other recognized arbitrator), a copy of which is available on request from the company. Any decision reached by arbitration shall be binding upon both you and the company. The arbitration award may include attorney's fees if allowed by state law and may be entered as a judgement in any court of proper jurisdiction.

SIGNING THIS FORM DOES NOT BIND THE APPLICANT TO PURCHASE OR THE COMPANY TO ISSUE THE COVERAGES APPLIED FOR. APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, PARTNER OR OFFICER OF THE APPLICANT FIRM

FRAUD STATEMENT – INSURANCE LAW. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

APPLICANT’S STATEMENT: I have read the above application and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Authorized Signature: _____	Title: _____
Print Name: _____	Date: _____
Producer’s Signature: _____	Title: _____
Print Name: _____	Date: _____

License Identification Number or National Producer Number: _____

(Florida Producers must provide License Identification Number)

You, the Producer, are the incumbent or new to placing the account? _____

Please send the complete submission to: quotes@cluetinsurance.com