



All Risks WC Specialties

Non-Emergency Medical Transport Supplemental Application

1. Has this business been in operation for at least three years with prior workers' compensation coverage? Yes No
2. Any group transportation of employees? Yes No
3. Radius of operations:

<25 miles ____ 25-50 miles ____ 50+ miles ____
4. Does operation have a fleet maintenance program? Yes No

If yes, who does the servicing?

Outside Vendor ____ In-house mechanics ____
5. Are vehicles company owned? Yes No

If yes, please provide # and type?

Car ____ Truck ____ Van ____ Bus ____
6. Are vehicles equipped with sirens or lights? Yes No
7. Any ambulances in the fleet? Yes No
8. Any passengers transported by gurney or stretcher? Yes No
9. Are all stops scheduled in advance? Yes No
10. Does operation complete a MVR check? Yes No

If yes, please provide a copy of the guidelines and clarify the following:

 - MVR's verified at time of hire? Yes No
 - MVR's verified every six (6) months after hire? Yes No
 - Copies of MVR's maintained in personnel files?
11. Does operation complete pre-hire drug testing? Yes No
12. Does operation complete post-accident drug testing? Yes No

13. Does operation complete pre-employment physicals? Yes No

14. Are subcontractors used? Yes No

If yes, for what purpose? _____

15. Are certificates of insurance obtained and kept on file for all subcontractors? Yes No

16. Are independent contractors used? Yes No

If yes, for what purpose? _____

17. If operation uses independent contractors, how are they paid?

1099 ____ Other ____ Please explain _____

18. Is patient handling training provided? Yes No

19. Do all drivers have 2 or more years experience working with passengers, special needs or the elderly? Yes No

20. Are drivers road tested prior to official hire? Yes No

21. Does operation have written procedures for the use of wheelchair lifts? Yes No

22. Does operation have written procedures in place for securing wheelchairs? Yes No

The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify All Risks, LTD. of any significant change in operations or payroll. Terms of insurance coverage may be cancelled for misrepresentation if information provided is inaccurate.

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____