



11. Number of: Operational ambulances \_\_\_\_\_ EMT's \_\_\_\_\_  
 Stand-by ambulances \_\_\_\_\_ Paramedics \_\_\_\_\_  
 Chair cars/vans/mini vans \_\_\_\_\_ 1<sup>st</sup> responders \_\_\_\_\_

12. Number of annual calls: Emergency \_\_\_\_\_  
 Non-emergency (ambulance) \_\_\_\_\_  
 Non-emergency (transport) \_\_\_\_\_  
 Do all non-emergency transp. drivers have CPR or Red Cross Lifesaving training?  Yes  No

13. Number of crew per ambulance \_\_\_\_\_ Number of hours of annual training for each \_\_\_\_\_  
 EMTS-A \_\_\_\_\_  
 EMTS-P \_\_\_\_\_  
 Nurses \_\_\_\_\_  
 Other \_\_\_\_\_  
 (Please describe "other" crew)

14. Current General Liability insurer: \_\_\_\_\_  
 Current Auto insurer: \_\_\_\_\_  
 Does Auto insurer exclude liability for loading and unloading?  Yes  No

15. Fully describe any hospital/nursing home affiliation  
 \_\_\_\_\_

16. Please provide details of any mutual aid agreements (attach a copy of agreement to this application)

17.

| Additional Insureds | Describe Interests of Additional Insureds |
|---------------------|---|
|                     |   |
|                     |   |
|                     |   |

18.

| Type of Coverage Requested | Limits of Liability Requested | Proposed Effective Date |
|----------------------------|-------------------------------|-------------------------|
| Professional Liability     |                               |                         |
| Other                      |                               |                         |
|                            |                               |                         |

Applicants signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Producing agent: \_\_\_\_\_