

11. Number of: Operational ambulances _____ EMT's _____
 Stand-by ambulances _____ Paramedics _____
 Chair cars/vans/mini vans _____ 1st 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)

Additional Insureds	Describe Interests of Additional Insureds

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

Applicants signature: _____

Title: _____

Date: _____

Producing agent: _____