SUPPLEMENTAL APPLICATION

GenStar

PROFESSIONAL LIABILITY

AMBULANCE SERVICES
MISCELLANEOUS HEALTHCARE FACILITIES PROGRAM

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION

1.	Applicant/Entity Name:	

II. OPERATIONS

1.	Hours of operation:	
	# of Shifts Maintained:	
	# of Shifts per 24 hours:	
2.	a. Do you dispatch 911 calls?	☐Yes ☐No
	b. Do you dispatch calls to other firms?	☐Yes ☐No
	c. Are all incoming calls taped/recorded?	☐Yes ☐No
3.	Radius of operation: 0 - 25 Miles % 26 - 50 Miles % 51 or more Miles % *Must total 100%*	
4.	Are any transports provided to non-medical facilities or destinations? If yes, please explain.	☐Yes ☐No
5.	Total Number of:	

Ground Ambulance Services	Projected 12 Months	Past 12 Months
☐ Emergency Transports		
☐ Non-Emergency Transports (Ambulance)		
☐ Non-Emergency Transports (Ambulette)		
☐ Ground Ambulances – owned		
☐ Ground Ambulances – leased		
☐ Chair cars/vans – owned		
☐ Chair cars/vans – leased		
Air Ambulance Services		
☐ Emergency Transports		
☐ Non-Emergency Transports		
☐ Aircraft – owned		
☐ Aircraft – leased		

6.	Number of crew providing professional services per ambulance / aircraft:			
7.	What is your gross revenue?	Projected 12 months $	Past Year	2nd Past Year
8.	a. What aviation insurance limits do you carry?	$		☐ N/A

	b. What commercial auto liability limits do you carry?	$	☐ N/A
9.	Do you hold accreditation from: ☐ CAMTS (The Commission on Accreditation of Medical Transport Services) ☐ CAAS (The Commission on Accreditation of Ambulance Services)		
10.	Is there a formal maintenance program routinely followed for your vehicles/aircraft? ☐Yes ☐No If yes, describe:		

ADDITIONAL INFORMATION

Please use the space provided below to provide additional information as required by individual questions in this application. Use additional sheet(s) if necessary.

Section # and Question #	**Comments**

I understand the information submitted herein becomes a part of my General Star Insurance Application and is subject to the same warranty and conditions.

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 insurance act.

Signature:	Date: