

12. Number of: Operational Ambulances _____ EMT's _____
 Stand-By Ambulances _____ Paramedics _____
 Chair Cars/Vans/Mini Vans _____ First Responders _____

13. Number of Annual Calls: Emergency _____
 Non-Emergency (Ambulance) _____
 Non-Emergency (Transport) _____

Do all non-emergency transport drivers have CPR or Red Cross lifesaving training? Yes No

14. Number of Crew Per Ambulance _____ Number of Hours of Annual Training for Each _____
 EMTS _____
 Paramedics _____
 Nurses _____
 Other _____
 (Please describe "Other" crew.) _____

15. Current General Liability Insurer _____
 Current Auto Insurer _____ Limits _____

Does auto insurer exclude liability for loading and unloading? Yes No

16. Fully describe any hospital/nursing home affiliation. _____

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

Additional Insureds	Describe Interests of Additional Insureds

18. Do you perform background checks on all employees that include checking prior employer, police, references? Yes No

19. Has the Applicant had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? Yes No

20. **Limits of Insurance Requested**

General Aggregate Limit (Other than Products-Completed Operations) \$ _____
 Products-Completed Operations Aggregate Limit \$ _____
 Personal and Advertising Injury Limit \$ _____
 Each Occurrence Limit \$ _____
 Damage to Premises Rented by You (Up to \$50,000 Limit Available) \$ _____ Any One (1) Premises
 Medical Expenses Limit (Up to \$5,000 Limit Available) \$ _____ Any One (1) Person
 Each Professional Incident Limit (If Applicable) \$ _____

21. Effective Dates Desired – From: _____ To: _____

Applicant's Signature _____
 Title _____
 Date _____
 Producing Agent _____