

RLI – Healthcare Automobile Questionnaire – New Business

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

Do you own or control any other subsidiary or are you affiliated with any other entity? Yes No N/A

If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____ Total Years In Business _____

What was the average number of owned vehicles (do not include trailers) over the last 4 years?

Year	# of Vehicles	Total Insured Physical Damage Values of Fleet	Physical Damage Deductible
Current Year	_____	_____	_____
1 st Prior Year	_____	_____	_____
2 nd Prior Year	_____	_____	_____
3 rd Prior Year	_____	_____	_____

What was the average number of employees and volunteers over the last few years and respective mileage reimbursement?

Year	# of Employees	# of Volunteers	Mileage Reimbursement
Upcoming Year	_____	_____	Projected Annual Mileage Reimbursement _____
Current Year	_____	_____	Estimated Annual Mileage Reimbursement _____
1 st Prior Year	_____	_____	Estimated Annual Mileage Reimbursement _____
2 nd Prior Year	_____	_____	
3 rd Prior Year	_____	_____	

What was the average number of independent contractors over the last few years and the annual cost of hire?

Year	# of Independent Contractors	Annual Cost of Hire
Upcoming Year	_____	Projected Annual Cost of Hired Autos _____
Current Year	_____	Estimated Annual Cost of Hired Autos _____
1 st Prior Year	_____	Estimated Annual Cost of Hired Autos _____
2 nd Prior Year	_____	
3 rd Prior Year	_____	

Fleet Safety:

Name and title of individual responsible for the Fleet Safety Program: _____

Is there a formal, written Fleet Safety Program? (Include copy if available) Yes No N/A

Does The Fleet Safety Program Include The Following?

1. Safety meetings that specifically address driving practices? Yes No N/A
2. Is there written driver hiring guidelines? (Include copy if available) Yes No N/A
3. Is there a policy on personal use of company vehicles by employees? Yes No N/A
If yes, please describe the policy _____
4. Are family members allowed to use the private passenger vehicles? Yes No N/A
5. Are the vehicles equipped with an on-board monitoring system?
(Automated Event Records (AER), Cameras, GPS, Telematics) Yes No N/A
 - a. Brand name of system(s) and type (camera or GPS): _____
 - b. Percentage of fleet currently installed with the system: _____

Business Information:

1. What are your hours of operations? _____
 Number of shifts per 24 hours? _____
2. Total number of estimated annual ambulance calls (if applicable): _____
 - a. _____% of total ambulance calls that are emergency
 - b. _____% of total ambulance calls that are non-emergency
3. Total number of estimated annual paratransit calls (if applicable): _____
 - a. _____% of total paratransit calls that are wheelchair
 - b. _____% of total paratransit calls that are gurney/stretchers
 - c. _____% of total paratransit calls that are passenger van
4. Does Applicant have any professional coverage? Yes No N/A
 - a. Policy Number: _____
 - b. Carrier: _____
 - c. Term: _____
 - d. Limit: _____

Driver & Training Information:

1. If you operate patient transport vehicles, what type of training is provided to all drivers?
 - a. EVOC (Emergency Vehicle Operators Course)? Yes No N/A
 - b. CEVO (Coaching The Emergency Vehicle Operator)? Yes No N/A
 - c. In House Driver Training? Yes No N/A
 - d. Other? (Please Describe) _____
2. If there are ambulances on the policy, are all ambulance drivers certified EMTs? Yes No N/A
3. Do all drivers participate in defensive driver training at hire? Yes No N/A
4. Do all drivers participate in refresher defensive driver training at least annually? Yes No N/A
5. What is the current driver turnover percentage? _____%

For The Owned Fleet, What Is The Usage Of Fleet?

Vehicle Type	# of Vehicles	% of Total "Calls"	Maximum Radius	Max # of Passengers	Average # of Passengers
Ambulance – Emergency or Non-Emergency					
Invalid Coach/Ambulettes/Wheelchair Vans					
Shuttle Vans or Busses					
Private Passenger Vehicles					
Fly Car Vehicles					
Service/Maintenance/Security Vehicles					
Golf Carts					
Mobile Medical Units					
Other Vehicles Describe: _____					

Definitions:

- Ambulance: Any vehicle designed, appropriately equipped and used for the purpose of carrying sick or injured persons on an emergency basis. Normally will have EMT or paramedic on board.
- Wheelchair Vans: Any vehicle designed or modified and appropriately equipped for the transportation of wheelchair bound individuals.
- Invalid Coach or Ambulettes: Any vehicle designed or modified and appropriately equipped for the transportation of non-emergency patients, normally without the aid of medical personnel.
- Fly Car: Any vehicle designed, appropriately equipped and used for the purpose of transporting equipment and personnel to an emergency site. These vehicles have lights and sirens, but are not used for patient transport.
- Shuttle Vans or Busses: These are used to carry the patients, public or employees.
- Mobile Medical Units: Any vehicle designed or modified and appropriately equipped as a mobile medical clinic while parked. Examples include bloodmobiles and mobile dental offices.
- Golf Carts: Low speed carts that may be used to carry patients, public or employees on your premises.

Vehicle Information:

Do any vehicles have altered equipment or permanently attached equipment? Yes No N/A

If yes, please describe. _____

Hired And Non-Owned Automobile Usage Breakout:

Driver Class	Total # of each driver class	% that drives their own vehicle incidentally or never for work purposes	% that drives their own vehicle occasionally for work purposes	% that drives their own vehicle daily or regularly for work purposes	Total Percentage (Should equal 100%)
Employees					
Volunteers					
Independent Contractors/Sub-contractors					

(i.e. driving to patient's location for home health care, bank deposits, mail pick up, delivery)

1. Do you have any agreements in place that would require you to provide any hired or non-owned auto coverage on a primary and/or non-contributory basis? Yes No N/A

If yes, please provide details and provide copies of these agreements: _____

2. Does the company require all employees, volunteers, or independent contractors who use their own vehicles for company business to carry personal auto insurance? Yes No N/A

What limits are required? _____

3. For those employees, volunteers, or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? Yes No N/A

Who maintains these records? _____

4. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?

a. Short-term lease # (less than 6 months): _____

b. Short-term rental # (includes airport rentals): _____

5. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____

6. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? _____

7. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____

Does the insured require their employees to purchase the rental agency insurance? Yes No N/A

8. Do you have a visiting nurses program? Yes No N/A

If so, how many visitations occurred over the past year? _____

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.