



# Non-Emergency Medical Transportation (NEMT) Supplemental Application

## General Information

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_ FEIN: \_\_\_\_\_

Primary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age of Business: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Description of Operations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operating as:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Total Revenue: \_\_\_\_\_ Operating Budget: \_\_\_\_\_

Does the insured have any taxi or limousine operations?  Yes  No

## Qualification

**If the answer to any of the following is “Yes,” the risk is unacceptable\***

- I. Are any vehicles equipped with lights and sirens?  Yes  No
- II. Are there any emergency operations or servicing of 911 calls?  Yes  No
- III. Are any vehicles above 15,000 lbs. Gross Vehicle Weight (GVW)?  Yes  No
- IV. Are any vehicles above 8-passenger seating capacity?  Yes  No
- V. Does the insured have any 24-hour operations?  Yes  No

\*Please reach out to your underwriter if you have any questions about the above guidelines or a particular submission.

**Please attach the following with this completed Supplemental:**

- Signed Acord
- MVR reports
- List of driver names & DOBs
- Currently valued loss runs
- List of driver phone numbers
- List of VINs, make & model

## Exposure Details

In order to provide the most accurate quote, we will need the items below:

Total Annual Miles: \_\_\_\_\_

States of Operation: \_\_\_\_\_

City	% of Operations	City	% of Operations

**I. Pickups are:**

Pre Scheduled \_\_\_\_\_%  On Demand \_\_\_\_\_%

**II. Services Provided:**

Door to Door \_\_\_\_\_%  Door thru Door \_\_\_\_\_%  Curb to Curb \_\_\_\_\_%

**III. Please list your primary source of requests for services:**

Medicaid/Medicare \_\_\_\_\_%  Logisticare \_\_\_\_\_%

Private Pay \_\_\_\_\_%  Other \_\_\_\_\_%

Private Insurance \_\_\_\_\_% Describe: \_\_\_\_\_

## Vehicles

Vehicles Equipped with	Stretchers/Gurneys	Wheelchair Lifts/Ramps
#		

I. Are ALL company vehicles stored overnight in a central location?  Yes  No

II. Where? \_\_\_\_\_

III. Are any employees allowed to take company vehicles home?  Yes  No

IV. Do any employees use personal vehicles for business operations?  Yes  No

V. Are any vehicles hired or leased?  Yes  No

VI. If so, please describe:

\_\_\_\_\_

\_\_\_\_\_

VII. How often are vehicles replaced? Please list criteria for replacement:

\_\_\_\_\_

\_\_\_\_\_

VIII. Does the insured have any of the following?

Documentation of  
Repairs:  
 Yes  No

Post-Trip  
Inspections:  
 Yes  No

Pre-Trip  
Inspections:  
 Yes  No

Periodic In-Depth  
Inspections:  
 Yes  No

## Drivers

I. Number of

Full time drivers: \_\_\_\_\_ Back-up drivers: \_\_\_\_\_

Part time drivers: \_\_\_\_\_ Contracted drivers: \_\_\_\_\_

II. Average Annual Driver Turnover: \_\_\_\_\_%

III. Does the insured have a driver incentive program? Yes No

IV. Please mark driver hiring requirements:

MVR Reports

Criminal background check

Drug check

Minimum age: \_\_\_\_\_

Driving test

Other

Minimum years licensed: \_\_\_\_\_ Please describe: \_\_\_\_\_

V. How often does the insured order and review MVRs for drivers?

\_\_\_\_\_

VI. What criteria is used for MVR acceptability?

\_\_\_\_\_

## Risk Management & Claims Reporting

I. Name and title of the person responsible for risk management & claims reporting:

\_\_\_\_\_

II. Does the insured hold regular safety meetings?  Yes  No

III. How often are they held? \_\_\_\_\_

IV. Is attendance mandatory?  Yes  No

## Premium History

Period Term	Insurance Company	Auto Liability Premium	Physical Damage Premium
Current Year			
1 <sup>st</sup> Prior Year			
2 <sup>nd</sup> Prior Year			
3 <sup>rd</sup> Prior Year			
4 <sup>th</sup> Prior Year			

## PLEASE NOTE:

A CREDIT REPORT OR OTHER INVESTIGATIVE REPORT ABOUT YOU MAY BE REQUESTED IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT RENEWALS. ANY INFORMATION WHICH WE HAVE OR MAY OBTAIN ABOUT YOU OR OTHER INDIVIDUALS LISTED AS POLICYHOLDERS ON YOUR POLICY WILL BE TREATED CONFIDENTIALLY. HOWEVER, THIS INFORMATION, AS WELL AS OTHER PERSONAL OR PRIVILEGED INFORMATION SUBSEQUENTLY COLLECTED, MAY, UNDER CERTAIN CIRCUMSTANCES, BE DISCLOSED WITHOUT PRIOR AUTHORIZATION TO NON-AFFILIATED THIRD PARTIES. WE MAY ALSO SHARE SUCH INFORMATION WITH AFFILIATED COMPANIES FOR SUCH PURPOSES AS CLAIMS HANDLING, SERVICING, UNDERWRITING AND INSURANCE MARKETING. YOU HAVE THE RIGHT TO SEE PERSONAL INFORMATION COLLECTED ABOUT YOU, AND YOU HAVE THE RIGHT TO CORRECT ANY INFORMATION WHICH MAY BE WRONG. IF YOU ARE INTERESTED IN OBTAINING A DESCRIPTION OF OUR INFORMATION PRACTICES, AND YOUR RIGHTS REGARDING INFORMATION WE COLLECT, ASK YOUR AGENT, OR, IF YOU HAVE BEEN ISSUED A POLICY, PLEASE WRITE US AT THE ADDRESS PROVIDED WITH YOUR POLICY.

### **GENERAL NOTICE TO APPLICANTS**

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 act, which is a crime and may subject such person to criminal and civil penalties.

### **FRAUD WARNING NOTIFICATIONS**

**Applicable in AL:** 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.

**Applicable in AK:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Applicable in AR, LA, MD, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in AZ:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Applicable in CA:** For your protection, California law requires the following to appear on this form: It is unlawful to make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or amending an insurance policy under any line of insurance regulated by the department. A violation of this section is a public offense, punishable by a fine not to exceed ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail not to exceed one year, or by both that fine and imprisonment.

**Applicable in CO:** 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.

**Applicable in DC: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant (22-3225.09).

**Applicable in HI:** For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

**Applicable in ID, FL and OK: WARNING:** 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)\*. \*Applies in FL Only.

**Applicable in IN:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information commits a felony.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof,

any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY and PA:** 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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** 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)\* include imprisonment, fines or a denial of insurance benefits. \*Applies in ME Only.

**Applicable in MN:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Applicable in NH:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

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

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may be subject the person to criminal and civil penalties.

**Applicable in TX:** Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in UT:** 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.

#### **COVERAGE SELECTION/REJECTION**

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY COVERAGE (UMBI) AND/OR PERSONAL INJURY PROTECTION (PIP) OR MEDICAL PAYMENTS (MP) HAS BEEN OFFERED TO ME, AND THAT I **MAY** HAVE THE OPTIONS OF SELECTING LOWER LIMITS, OR REJECTING THIS COVERAGE ENTIRELY. IF I HAVE REJECTED THIS COVERAGE OR SELECTED LOWER LIMITS, I HAVE AUTHORIZED THIS COVERAGE SELECTION/REJECTION PER STATE REQUIREMENTS.

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

#### **ELECTRONIC TRANSACTIONS AGREEMENT**

Fairmatic™ is a leader in technology and generally conducts business via email. Fairmatic™ is required by law to provide you with certain information in writing; however, with your consent we can provide information and documents to you electronically, including, but not limited to your Insurance Policy Documents. If you consent, you will receive all of your Insurance Policy Documents from your broker electronically, to the extent permitted by law. Insurance Policy Documents in electronic format will have the same contractual force and effect as Insurance Policy Documents in paper format. We (and your broker) reserve the right, at our sole discretion, to provide any Insurance Policy Document to you in paper form instead.

If you consented to receiving Insurance Policy Documents electronically, you may withdraw your consent at any time and begin receiving Insurance Policy Documents in paper format. In addition, you may request paper copies of your Insurance Policy Documents at any time. If you elect to receive paper copies of Insurance Policy Documents, you may be charged an additional servicing fee. Please contact your broker for any such withdrawals or requests, as well as to change the email address or other contact information that Fairmatic™ has on file for you.

If you consent to receive Insurance Policy Documents electronically, you must have: (i) a computer capable of connecting to the internet; (ii) an internet service provider; (iii) an email service account that allows you to read, write, and send email; (iv) an active email address, and (v) the ability to use hyperlinks to access other web sites (collectively referred to as the "Technical Requirements"). You must have the Technical Requirements to download, display, print, and retain Insurance Policy Documents in Adobe Portable Display Format (PDF). If you do not have the Technical Requirements, you cannot receive Insurance Policy Documents electronically.

If you previously requested to receive documents in paper format, by renewing your policy you are confirming that you: (i) understand that you will have to contact your broker to make any changes or updates regarding your Policy; and (ii) acknowledge that you have the option of electing to receive documents electronically as specified in the Electronic Transactions Agreement above.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. THE UNDERSIGNED REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE.

<b>Producer's Signature</b>	<b>Producer's Name</b>	<b>Date</b>
<b>Applicant's Signature</b>	<b>Applicant's Name</b>	<b>Date</b>