

1. Are patients / clients transported in vehicles? YES NO

2. Describe type of occupants:

- Physically Handicapped Mentally Handicapped Children
 Elderly Non Ambulatory
 Other, describe: _____

3. Describe safety measures on board vehicles: _____

- Is seat belt use mandatory? YES NO
— Is there a matron on board? YES NO
— Are there wheelchair lifts? YES NO
— Are there wheelchair mounts within vehicle? YES NO
— Any medical support equipment on board? YES NO
— Any first aid equipment on board? YES NO

4. How often are vehicles used? _____

5. Specifically, what are vehicles used for: _____

6. What is the normal radius of operation? _____

7. Is there any interstate travel? YES NO

Please describe: _____

8. Are professional drivers used? YES NO

9. Do you order motor vehicle reports on all drivers? YES NO

10. Do volunteers operate vehicles? YES NO

11. How are drivers equipped to handle the specific type of occupant? _____

12. Are all drivers covered by Workers Compensation? YES NO

13. Any drivers under 25 years of age? YES NO

14. Any drivers over 60 years of age? YES NO

15. Is a driver log maintained? YES NO

16. Are any vehicles driven by handicapped personnel? YES NO

If so, how are vehicles equipped? _____

17. Is there a formal maintenance program? YES NO

18. Who services vehicles? _____

19. Where are vehicles stored overnight? _____

20. Are there any owned or leased vehicles covered under a different policy? YES NO

If yes, explain: _____

21. Are employees permitted to take vehicles home? YES NO

22. Are employees' vehicles used? YES NO

If yes, how often? _____

23. Are volunteers' vehicles used? YES NO

If yes, how often? _____

24. Does the insured obtain copies of auto policies from volunteers or employees? YES NO

25. Are vehicles rented or leased from others? YES NO

How often? _____

With or without driver? _____

Are certificates of insurance obtained from the lessor? YES NO

What limits are required? _____

26. Please describe all losses. Use a separate sheet if necessary and provide hard copy loss runs: _____

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another (NY: other) person files an application for insurance (NY: 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, (NY: 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) and subjects the person to criminal and civil penalties. In Maine and Virginia, insurance benefits may also be denied.

Applicant's Signature and Title _____ Date _____

Broker's Name and Address _____ Date _____

Broker's Signature _____ Date _____

