



**Ambulance Plus Application
Application**

Renewal

P.O. Box 440549, Kennesaw, GA 30160
Telephone: (678) 290-2100 Fax: (678) 290-2200
Email applications to: mscsubmissions@markelcorp.com
Website: markelinsurance.com

Today's Date: _____ **(Must be attached to Acord Application)**

BASIC INFORMATION:

1. Named Insured: _____ 2. DBA: _____

3. Mailing Address: _____

4. Physical Address: _____

5. Has your service had a change of ownership in the past 2 years? Yes No
If yes, please explain: _____

6. Has your business had any change to key personnel (Medical Director, Safety/Operations manager, Human Resource Manager) in the past year? Yes No
If yes, please explain: _____

7. Type/Number of Calls	Past 12 months	Next 12 months
Emergency	_____	_____
Non-Emergency	_____	_____
Paratransit Ambulatory	_____	_____
Paratransit Wheelchair	_____	_____

8. Number of full and part time employees/volunteers that drive or provide patient care:

_____ Paramedics
 _____ Critical Care Paramedics
 _____ Registered Nurses
 _____ Advanced EMT (EMT-A or EMT-I)
 _____ Emergency Medical Tech (EMT-B)
 _____ Emergency Medical Responder (EMR, First Responder)
 _____ Ambulatory/Wheelchair Operators
 _____ Other (office, service, etc.)
 _____ TOTAL

9. Onboard Monitoring (OBM) black box cameras GPS stickers

a) Brand name of system(s): _____

b) Date the system was installed: _____

c) Number of vehicles currently installed with the system: _____

d) Employee responsible for the management of the OBM:
 Name: _____ Phone Number: _____
 Email: _____

10. Please provide the name of the driver training program(s) that you provide or participate in:
 EVOC CEVO Arrive Alive Do No Harm Other: _____
 # of Classroom Hours: _____ # of Behind the Wheel Hours: _____

11. How many drivers were added in the past 12 months? _____
 How many drivers left or were let go in the past 12 months? _____

12. Name of Workers Compensation Carrier: _____
 Policy #: _____ Eff. Dates: _____ to _____
 Employers Liability Limit: \$ _____
 Bodily Injury by Accident: \$ _____ Each Accident
 Bodily Injury by Disease: \$ _____ Policy Limit
 Bodily Injury by Disease: \$ _____ Each Employee

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: A 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 is guilty of a felony.

NOTICE TO OREGON APPLICANTS: 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 fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Applicant's Signature: _____
Producer's Signature: _____
(Only applicable if using a producer)
Producer's License Number: _____

Date: _____
Date: _____
Exp Date: _____

How did you hear about Markel: Magazine Ad Referral Convention/Conference Web Site Other
Describe: _____

Thank you for choosing Markel!

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