AmeriHealth CASUALTY *INSURANCE* COMPANY

AMBULANCE/EMS WORKERS COMPENSATION SUPPLEMENTAL APPLICATION

NAMED INSURED: _____ Policy Effective Date: _____

OPERATIONS: Hours of Operation: _____ to _____ Number of days per week: _____

Is the Ambulance/EMS service municipality owned ☐ privately owned ☐ volunteer owned ☐
Is the Ambulance/EMS service for profit ☐ not for profit ☐
How many calls does the Ambulance/EMS service answer per month _____
Does the Ambulance/EMS service conduct fund raising activities _____
If so, what types of activities _____
Percentage of work subcontracted: _____% Type of work subcontracted: _____
Are Certificates of Insurance, evidencing WC coverage, required and obtained from all subcontractors? ☐ Yes ☐ No

Provide the number of employees' full time employees_____ part time employees_____
paid employees _____ volunteers _____
Outline the level of Medical Certification of all the employees and volunteers:
_____
Does the Ambulance/EMS service own or operate helicopters and/or boats? ☐ Yes ☐ No
If Yes, list the number and type_____
How is the Housekeeping addressed at the Station_____

Does the Ambulance/EMS service own or lease a training center ☐

What license(s) are currently held by the Ambulance/EMS service:
Advanced Life Support—Medical Intensive Care Unit [ALS—MICU] ☐
Advanced Life Support Squad [ALS Squad] ☐
Basic Life Support [BLS] ☐
Public Utility Commission [PUC] ☐
Other, please list_____

Does the Ambulance/EMS service currently belong to any of the following organizations:
American Ambulance Association ☐
National Association of First Responders ☐
National Association of Emergency Medical Technicians ☐
Ambulance Association of Pennsylvania ☐
Other, please list_____

Vehicle and Driving Exposure:
Identify number of vehicles ambulances_____ rescue vehicles_____ PPT_____
light trucks_____ all others _____
Number of regular drivers of company vehicles: _____
What type of training are operators of these vehicles given_____
What is the Ambulance/EMS services maximum response time _____
What is the Ambulance/EMS services radius of operation _____
Are Motor Vehicle Records (MVRs) checked on all company drivers? ☐ Yes ☐ No
If No, explain: _____
Are there acceptable MVR guidelines currently be used ☐ Yes ☐ No
Does the Ambulance/EMS service own or subcontract the repair and/or maintenance of the fleet vehicles _____
Is there a documented preventative maintenance program ☐ Yes ☐ No
Does the Ambulance/EMS service own and utilize vehicles other than ambulances? ☐ Yes ☐ No
If Yes, list the type and number of vehicles_____
When not in use, are all vehicles stored is a secure area having no smoking signs ☐ Yes ☐ No

HIRING AND EMPLOYMENT PRACTICES:

Pre-Hire Physicals	☐ Yes	☐ No	Complete Application	☐ Yes	☐ No
Post-Hire Physicals	☐ Yes	☐ No	References Checked	☐ Yes	☐ No
Pre-Hire Drug Screen	☐ Yes	☐ No	Random Drug Testing	☐ Yes	☐ No
Drug/Alcohol Rehab Program	☐ Yes	☐ No	Return to Work Program	☐ Yes	☐ No
Written Personnel Procedures	☐ Yes	☐ No	Pre-Hire Psychological	☐ Yes	☐ No
Pre-hire Hepatitis C Screen	☐ Yes	☐ No			

WORKERS COMPENSATION MEDICAL PROVIDER:

☐ Clinic ☐ Physician ☐ Emergency Room

Does the Insured use a specific medical provider or network to treat injured employees? ☐ Yes ☐ No
If yes, please identify the provider or network: _____

LOSS CONTROL AND SAFETY:

Risk Manager ☐ Yes ☐ No ☐ Full Time ☐ Part Time
Safety Director ☐ Yes ☐ No ☐ Full Time ☐ Part Time

Name and title of person(s) responsible for safety: _____

Written Safety Program? ☐ Yes ☐ No Safety incentive program? ☐ Yes ☐ No

Does the Insured require immediate Loss Control or Engineering services? ☐ Yes ☐ No
Is Insured willing to implement loss control recommendations made by the insurer? ☐ Yes ☐ No
Are supervisors trained in safety education? ☐ Yes ☐ No If yes, how frequently? _____
Safety meetings held regularly with employees? ☐ Yes ☐ No Is there a certificated safety committee in place? ☐ Yes ☐ No
Does the Ambulance/EMS service have a documented Accident review program? ☐ Yes ☐ No
Does the Ambulance/EMS service have a documented Blood Borne Pathogens program? ☐ Yes ☐ No
Does the Ambulance/EMS service provide the three [3] shot Hepatitis vaccine ☐ Yes ☐ No
Personal Protective Equipment: ☐ Required ☐ Recommended ☐ Not Required or Recommended
Describe personal protective equipment used: _____
Does the Ambulance/EMS service have in place a formal safe lifting training or program? ☐ Yes ☐ No
Describe the lifting and mechanical aids:_____

Does Insured conduct periodic Fire and Emergency evacuation drills? ☐ Yes ☐ No
During these drills does the insured account for all employees? ☐ Yes ☐ No

Has Insured reviewed US Postal Service guidelines for handling suspicious mail and packages? ☐ Yes ☐ No
Violence intervention program? ☐ Yes ☐ No
Drug / Alcohol awareness program? ☐ Yes ☐ No
Any premises or jobsite security provided? ☐ Yes ☐ No If yes, please describe: _____

PAYROLL INFORMATION:

Policy Term	Total Payroll	Total Premium	Audited Payroll?
20010/2011 estimated	$	---------	---------
2009/20010 expiring year	$	$	---------
2008//2009	$	$	☐ Yes ☐ No
2007/2008	$	$	☐ Yes ☐ No
2006/2007	$	$	☐ Yes ☐ No
2005/2006	$	$	☐ Yes ☐ No