



RT WC Specialty

**Non-Emergency Medical Transportation
Supplemental Application**

Insured Name: _____

Insured Web Address: _____

Insured FEIN: _____

Payroll/Premium Information:

Policy Year	Payroll	Premium
4th Prior	\$	\$
3rd Prior	\$	\$
2nd Prior	\$	\$
1st Prior	\$	\$
Current	\$	\$

1. Has this business been in operation for at least two (2) years with prior Workers' Compensation coverage? Yes No

2. Any group transportation of employees? Yes No

3. Radius of operations: <25 miles _____ 25-50 miles _____ 50+ miles _____

4. Does operation have a fleet maintenance program? Yes No

If yes, who does the servicing? Outside Vender In-house mechanics

5. Are vehicles company-owned? Yes No

If yes, please provide # and type? Car _____ Truck _____ Van _____ Bus _____

6. Are vehicles equipped with sirens or lights? Yes No

7. Any ambulances in the fleet? Yes No

8. Any passengers transported by gurney or stretcher? Yes No

9. Are all stops scheduled in advance? Yes No

10. Does operation complete a MVR check? Yes No

If yes, please provide a copy of the guidelines and clarify the following:

MVR's verified at time of hire? Yes No

MVR's verified every six (6) months after hire? Yes No

Copies of MVR's maintained in personnel files? Yes No

11. Does operation complete pre-hire drug testing? Yes No
12. Does operation complete post-accident drug testing? Yes No
13. Does operation complete pre-employment physicals? Yes No
14. Are subcontractors used? Yes No

If yes, for what purpose? _____

15. Are certificates of insurance obtained and kept on file for all subcontractors? Yes No
16. Are independent contractors used? Yes No

If yes, please list percentage of independent contractors: _____%

If yes, please list job duties of independent contractors: _____

17. If operation uses independent contractors, how are they paid? 1099 Other

If other, please explain: _____

18. Is patient handling training provided? Yes No
19. Do all drivers have two (2) or more years experience working with passengers, special needs or the elderly? Yes No
20. Are drivers road tested prior to official hire? Yes No
21. Does operation have written procedures for the use of wheelchair lifts? Yes No
22. Does operation have written procedures in place for securing wheelchairs? Yes No

****The undersigned attests that all information provided is both accurate and truthful. All information provided is subject to verification by way of an underwriting survey or inspection. You must notify RT Specialty of any significant change in operations or payroll. Terms of insurance coverage may be canceled for misrepresentation if information provided is inaccurate.****

Signature of Applicant: _____

Title: _____

Print Name: _____ Date: _____