



RT WC Specialty

**Non-Emergency Medical Transportation  
Supplemental Workers' Compensation Application**

Insured Name: \_\_\_\_\_

Insured Web Address: \_\_\_\_\_

Insured FEIN: \_\_\_\_\_

**Payroll/Premium Information:**

| <u>Policy Year</u> | <u>Payroll</u> | <u>Premium</u> |
|--------------------|----------------|----------------|
| 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: \_\_\_\_\_

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