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**PUBLIC AUTO SUPPLEMENTAL APPLICATION—
NON-EMERGENCY TRANSPORT**
(Complete in Addition to the Commercial Automobile Application)

PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES

Applicant's Name: _____

1. Description of operations: _____

Number of years in business: _____ Number of years under current management: _____

2. Is your service a subsidiary or division of another company? Yes No
If yes, advise the name of the company, their address and their relationship to you: _____

3. Has this service ever operated under another name?..... Yes No
If yes, what name? _____

4. Profit Nonprofit Source of funding: _____

5. Do you have a contract with a social service agency? Yes No
If yes, list agencies: _____

6. Percentage of fares paid by:
Medicaid/Medicare: _____% VA Benefits: _____% Other Government Benefit: _____% Passengers: _____%
Other: _____% If Other, explain: _____

7. Number of trips per year: _____
Number of emergency: _____ Number of non-emergency: _____
Percentage of wheelchair transport: _____% Percentage of stretcher transport:..... _____%

8. A. List major cities entered: _____

B. What percentage of the operations involves transportation in these cities? _____%

9. Is any transportation provided to the following destinations? Yes No

If yes, indicate percentage of all applicable and advise of any other destination:

Shopping Districts _____% Workplaces _____% Senior Centers _____% Schools _____%
 Daycare Centers _____% Psychiatric Centers _____% Heliport or Airport _____% Other _____%

10. Are passengers assisted in or out of the autos? Yes No

If yes, provide percentage of: curb to curb _____% door to door _____% door through door _____%

11. Who dispatches your calls? 911 Outside sources In-house by your own employees or volunteers

12. Do you distribute any medical supplies or equipment?..... Yes No

If yes, provide details: _____

13. Indicate level of training and number of individuals who drive and/or provide client care (full-time, part-time or volunteer):

	EMT BASIC	EMT ADVANCED	EMT PARAMEDIC	OTHER	NO CERTIFICATION
NUMBER OF EMPLOYEES					
NUMBER OF VOLUNTEERS					

If "other" marked above, explain: _____

14. Identify the types of special driver training programs that your drivers receive:

- General driver orientation Defensive driving Primary first aid
- Advanced first aid CPR Passenger assistance training
- Human relations skills Non-medical emergency training Emergency vehicle evacuation
- Emergency vehicle operators course (EVOC)

15. Do you:

- Screen employees and drivers' histories for sexual abuse charges and convictions? Yes No
- Verify licenses/professional certificates?..... Yes No
- Screen employees for previous involvement as defendants in malpractice litigation? Yes No

16. Number of units equipped with lights and sirens? _____

17. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 point tie-down _____ 4 point tie-down _____

18. Describe wheelchair and stretcher tie-down procedures: _____

19. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers? Yes No

20. Is there an accident review procedure?..... Yes No

If yes, describe: _____

21. Describe vehicle maintenance program: _____

22. Does Applicant carry Professional Liability coverage? Yes No

Policy Number	Carrier	Limits	Term	Is Loading & Unloading Included

23. Does Applicant carry General Liability coverage? Yes No

Policy Number	Carrier	Limits	Term

24. Are all vehicles owned by you? Yes No

If no, explain: _____

If no, explain: _____

Are they leased, etc.? Yes No

Give details: _____

25. Do employees use their own vehicles in your business? Yes No

Explain: _____

Are any employees/volunteers' vehicles used for client transport? Yes No

26. Are all drivers covered by Worker's Compensation? Yes No

If yes, provide carrier name: _____

27. Any other pertinent information about your business: _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN FLORIDA):

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.

FRAUD WARNING (APPLICABLE IN MAINE):

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)