Member companies of Western World Insurance Group

☐ Western World Insurance Company
☐ Tudor Insurance Company

Emergency and Non-Emergency Medical Transport Professional Liability and/or CGL Renewal Questionnaire

1. Insured Name: _____
   Policy Number: _____ Policy Period: _____
2. Type of Organization: ☐ Volunteer ☐ Individual ☐ Partnership ☐ Corporation
   ☐ For-Profit ☐ Non-Profit ☐ Municipality ☐ Other (Please explain.)

   _____

   _____
3. Is Insured owned or operated by a hospital, nursing home or assisted living facility? ☐ Yes ☐ No
4. Fully describe any hospital/nursing home affiliation. _____

   _____
5. What state(s) are you licensed or certified in? *Provide details of what your license/certification allows you to do.*

   _____

   _____
6. Has Insured's license ever been suspended or revoked? ☐ Yes ☐ No
   If yes, please provide full details: _____

   _____
7. Have there been any changes in procedures, operations, exposures or type of service provided? ☐ Yes ☐ No
   If yes, please provide full details: _____

   _____
8. Type of Service:
   ☐ Ambulance ☐ First Responder ☐ Air Ambulance
   ☐ Paramedic ☐ Alarm Monitoring ☐ Off Shore EMS
   ☐ Rescue Squad with Ambulance ☐ Rescue Squad without Ambulance
   ☐ Fire Department with Ambulance ☐ Fire Department without Ambulance
   ☐ Individual EMT ☐ Individual Paramedic
   ☐ Dispatch Service for Others ☐ Other (Please specify.) _____
9. Number of:
   Operational Ambulances _____ EMT's _____
   Stand-By Ambulances _____ Paramedics _____
   Chair Cars/Vans/Mini Vans _____ First Responders _____
10. Number of Annual Calls:
    Emergency _____
    Non-Emergency (Ambulance) _____
    Non-Emergency (Transport) _____
11. Current General Liability Insurer _____ Limits _____
    Current Auto Insurer _____ Limits _____
    Does auto insurer exclude liability for loading and unloading? ☐ Yes ☐ No
12. Is Insured aware of any circumstances which may result in a claim? ☐ Yes ☐ No *If yes, please provide full details:*

    _____

    _____
13. Any changes to past losses or loss history in prior five (5) years? ☐ Yes ☐ No *If yes, please describe full details:*

    _____

    _____

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____