

RLI – Healthcare Automobile Questionnaire – New Business

For RLI to be able to competitively price and underwrite this account we will need the following information.

First Named Insured: _____ Today's Date: _____

Do you own or control any other subsidiary or are you affiliated with any other entity? Yes No N/A

If yes, provide list. _____

What state(s) do you normally operate in? _____

Number of years the entity has been under the current management? _____

What was the average number of owned vehicles (do not include trailers) over the last 4 years?

| Year | # of Vehicles |
|----------------------------|---------------|
| Current Year | _____ |
| 1 st Prior Year | _____ |
| 2 nd Prior Year | _____ |
| 3 rd Prior Year | _____ |

What was the average number of employees and volunteers over the last 4 years and respective mileage reimbursement?

| Year | # of Employees | # of Volunteers | Estimated Annual Mileage Reimbursement |
|----------------------------|----------------|-----------------|--|
| Current Year | _____ | _____ | _____ |
| 1 st Prior Year | _____ | _____ | _____ |
| 2 nd Prior Year | _____ | _____ | _____ |
| 3 rd Prior Year | _____ | _____ | _____ |

What was the average number of independent contractors over the last 4 years?

| Year | # of Independent Contractors |
|----------------------------|------------------------------|
| Current Year | _____ |
| 1 st Prior Year | _____ |
| 2 nd Prior Year | _____ |
| 3 rd Prior Year | _____ |

What was the average annual cost of hire over the last 4 years?

| Year | Cost of Hire |
|----------------------------|--------------|
| Current Year | _____ |
| 1 st Prior Year | _____ |
| 2 nd Prior Year | _____ |
| 3 rd Prior Year | _____ |

What is the projected annual mileage reimbursement for the upcoming year? _____

What is the projected annual cost of hire for the upcoming year? _____

Has any company provided non-renewal of your insurance of last 5 years? Yes No N/A

If yes, please explain. _____

Have you ever filed bankruptcy or had bankruptcy proceedings initiated against you? Yes No N/A

If yes, please explain. _____

Fleet Safety:

Name and title of individual responsible for the Fleet Safety Program: _____

Is there a formal, written Fleet Safety Program? (Include copy if available) Yes No N/A

Does The Fleet Safety Program Include The Following?

- 1. Safety meetings that specifically address driving practices? Yes No N/A
- 2. MVRs ordered prior to hiring new drivers? Yes No N/A
- 3. MVRs ordered on all vehicle operators annually? Yes No N/A
By whom? _____
- 4. Are there written rules for the withdrawal of driving privileges for serious driving violations?
(i.e. DUI, reckless driving, leaving the scene of an accident, committing a felony with an auto or
speeding more than 20 miles an hour over the posted speed limit) Yes No N/A
- 5. Are MVRs ordered on all non-employee drivers who may use a company vehicle? Yes No N/A
- 6. Is there a policy on personal use of company vehicles by employees? Yes No N/A
- 7. Does management provide written approval of all non-employee drivers? Yes No N/A
- 8. Does the agent or insured include non-employee operators on the drivers list? Yes No N/A
- 9. Is there a written procedure in place for drivers to report accidents? Yes No N/A
- 10. Are mandatory drug tests required within 24 hours of any accident? Yes No N/A
- 11. Is there a procedure for management to investigate accidents at the time of the loss? Yes No N/A
- 12. Are post-accident reviews performed to identify problems? Yes No N/A
- 13. Are random drug and alcohol tests performed for all operators of company vehicles? Yes No N/A
- 14. Any employees employed for less than 1 year? Yes No N/A
If yes, how many? _____
- 15. Are the vehicles equipped with an on-board monitoring system?
(Automated Event Records (AER), Cameras, GPS, Telematics) Yes No N/A
 - a. Brand name of system(s) and type (camera or GPS): _____
 - b. Number of vehicles currently installed with the system: _____
 - c. Employee responsible for the management of the OBM: _____

If A Formal Driver Selection Process Is In Place, Does It Include The Following?

- 1. Reference checks including the previous two most recent employers? Yes No N/A
- 2. Physical exams as part of the hiring process? Yes No N/A
- 3. A driving test (not including private passenger vehicles), using the vehicle that will be operated
by the employee prior to employment? Yes No N/A
- 4. Is drug testing done before the offer of employment? Yes No N/A
- 5. Are criminal background checks done prior to any offer of employment? Yes No N/A

Driver Information:

- 1. Does the driver perform a visual inspection of the assigned vehicle daily? Yes No N/A
- 2. Are records kept of any reported deficiencies and corrective actions taken? Yes No N/A
- 3. Are records kept for scheduled and unscheduled maintenance on vehicles? Yes No N/A
- 4. Do you have any full time vehicle maintenance personnel on staff? Yes No N/A
- 5. Is there a company policy on underage drivers using company vehicles? Yes No N/A
- 6. Are family members allowed to use the private passenger vehicles? Yes No N/A
- 7. What is the current driver turnover percentage? _____
- 8. Do you have a formal fatigue management program? Yes No N/A

Business Information:

- 1. What are your hours of operations? _____
 - a. Number of shifts per 24 hours? _____
 - b. Do you respond to 911 calls? Yes No N/A
 - c. Are any EMT or Paramedics employed? Yes No N/A

2. Total number of estimated annual ambulance calls: _____
 - a. _____% of total ambulance calls that are emergency
 - b. _____% of total ambulance calls that are non-emergency
3. Total number of estimated annual paratransit calls: _____
 - a. _____% of total paratransit calls that are wheelchair
 - b. _____% of total paratransit calls that are gurney/stretchers
 - c. _____% of total paratransit calls that are passenger van
4. Does Applicant have any professional coverage? _____ Yes No N/A
 - a. Policy Number: _____
 - b. Carrier: _____
 - c. Term: _____
 - d. Limit: _____

Driver Training:

1. If you operate patient transport vehicles, what type of training is provided to all drivers?
 - a. EVOC (Emergency Vehicle Operators Course)? _____ Yes No N/A
 - b. CEVO (Coaching The Emergency Vehicle Operator)? _____ Yes No N/A
 - c. In House Driver Training? _____ Yes No N/A
 - d. Other? (Please Describe) _____
2. If in house driver training is provided to all patient transport drivers, do they meet the following criteria?
 - a. Run by an instructor who has received formal EVOC, CEVO, or state EMS training as an EMS? Yes No N/A
 - b. Are all employee drivers required to complete the in house training within the first 30 days of employment and provided refresher training at least biennially thereafter? _____ Yes No N/A
 - c. Does in house driver training include classroom and practical demonstrations? _____ Yes No N/A
 - d. Does in house driver training include an in-vehicle ride-along? _____ Yes No N/A
 - e. Does driver training occur in a similar vehicle to what an employee will operate? _____ Yes No N/A
 - f. Does driver training include vehicle inspection training? _____ Yes No N/A
 - g. Does driver training formally address all changes in technology, such as manufacturer information, technical limitations and highlight differences from prior vehicles? _____ Yes No N/A
 - h. Does driver training address "due regard"? _____ Yes No N/A
 - i. Does driver training include state-specific regulations for safe operation? _____ Yes No N/A

For The Owned Fleet, What Is The Usage Of Fleet?

| Vehicle Type | # of Vehicles | % of Total "Calls" | Maximum Radius | Max # of Passengers | Average # of Passengers |
|--|---------------|--------------------|----------------|---------------------|-------------------------|
| Ambulance – Emergency | | | | | |
| Ambulance – Non-Emergency | | | | | |
| Invalid Coach/Ambulettes/Wheelchair Vans | | | | | |
| Unmodified Private Passenger/Vans/Shuttles | | | | | |
| Private Passenger Vehicles | | | | | |
| Fly Car Vehicles | | | | | |
| Service/Maintenance/Security Vehicles | | | | | |
| Other Vehicles Describe: _____ | | | | | |
| Other Vehicles Describe: _____ | | | | | |

Definitions:

- Ambulance: Any vehicle designed, appropriately equipped and used for the purpose of carrying sick or injured persons on an emergency basis. Normally will have EMT or paramedic on board.
- Wheelchair Vans: Any vehicle designed or modified and appropriately equipped for the transportation of wheelchair bound individuals.
- Invalid Coach or Ambulettes: Any vehicle designed or modified and appropriately equipped for the transportation of non-emergency patients, normally without the aid of medical personnel.
- Fly Car: Any vehicle designed, appropriately equipped and used for the purpose of transporting equipment and personnel to an emergency site.
- Unmodified Private Pass/Vans/Shuttles: These are used to carry the patients, public or employees.

Hired And Non-Owned Automobile:

1. Estimated total number of employees, volunteers, or independent contractors that use their own vehicles for company business. (i.e. driving to client's locations, delivery, mail pickup, bank deposits or home health care)
 - a. Employees: _____
 - b. Volunteers: _____
 - c. Independent Contractors: _____
2. How often do employees, volunteers, or independent contractors use their own vehicles for company business? (i.e. daily, occasionally, never or N/A)
 - a. Employees: _____
 - b. Volunteers: _____
 - c. Independent Contractors: _____
3. Does the company require all employees, volunteers, or independent contractors who use their own vehicles for company business to carry personal auto insurance? Yes No N/A
 What limits are required? _____
4. For those employees, volunteers, or independent contractors who use their own vehicles for company business, does the company obtain either certificates of insurance or a copy of the declarations page from the employees? Yes No N/A
 Who maintains these records? _____
5. Is there a process or procedure in place that requires an employee, volunteer, or independent contractor to notify the company if their Personal Automobile Policy has lapsed or been cancelled? Yes No N/A
6. How many vehicles (cars, trucks or tractors) are hired, rented, or borrowed each year?
 - a. Short-term lease # (less than 6 months): _____
 - b. Short-term rental # (includes airport rentals): _____
7. Other than airport rentals, for what purpose are the hired/borrowed vehicles used? _____
8. Other than airport rentals, what is the average length of time these vehicles are hired/borrowed? _____
9. What is the total estimated cost for all rental vehicles during the most recent fiscal period? _____
 - a. Does the insured require their employees to purchase the rental agency insurance? Yes No N/A
 - b. Does the insured provide corporate credit cards that include rental car insurance? Yes No N/A
10. During the most recent year, how many of your employees provided at home care? _____
11. Do you have a visiting nurses program? Yes No N/A
 If so, how many visitations occurred over the past year? _____

If No Vehicles Have Wheelchair Lifts Or Have Wheelchair Accessibility – Please Skip These Questions.

1. Number of units with the following equipment:

Wheelchair Lifts:

- a. Buses: _____
- b. Vans: _____
- c. Manufacturer: _____

Ramps:

- a. Buses: _____
- b. Vans: _____
- c. Manufacturer: _____

2. Were all lifts/ramps factory-installed during vehicle's manufacture? Yes No N/A
- If no, provide the following information regarding equipment Installation Company.
 - a. Name: _____
 - b. Contact Person and phone number: _____
 - c. Number of units and month/year of installation: _____
 - d. Do all lifts/ramps comply with ADA accessibility requirements, including but not limited to dimensions, door height, clearance, edge barrier, weight support, handrails for lifts and slope for ramps? Yes No N/A

Passenger Restraint System:

1. Number of vehicles equipped with system:
 - a. Buses: _____
 - b. Vans: _____
 - c. Manufacturer: _____
2. Is the system a "4 point tie-down and forward-facing" design? Yes No N/A
 If yes, are shoulder belts retractable or non-retractable? _____
3. Is floor securement of wheels accomplished with fixed locations or movable attachments/tracks? _____
4. Do securement areas comply with ADA accessibility requirements, including but not limited to clear floor space, movement when mobility device is secured, clearance from entrance to securement area, at least one forward-facing area? Yes No N/A
5. Types of wheelchairs that your vehicles accommodate: (check all that apply)

| | |
|--|--|
| <input type="checkbox"/> Heavy Duty Industrial | <input type="checkbox"/> Reclining/Tilting |
| <input type="checkbox"/> Lightweight | <input type="checkbox"/> Motorized |
| <input type="checkbox"/> Portable | <input type="checkbox"/> Tri-Wheeler/Scooter |
| <input type="checkbox"/> Youth/Child Stroller | <input type="checkbox"/> Other (Please Describe) _____ |
6. Are all passengers in tri-wheelers required to transfer to a wheelchair or permanent seat after they board? Yes No N/A
7. Are wheelchair passengers ever permitted to ride in the vehicle other than in the designated securement locations? Yes No N/A

The Applicant hereby applies to the Company for a policy of insurance as set forth in this application on the basis of statements contained herein. Applicant agrees that such policy shall be null and void if such information is materially false or misleading so that the Company would have rejected the risk prior to inception. Applicant understands that an inquiry may be made which will provide applicable information concerning character, general reputation, financial stability and other pertinent financial data, personal characteristics, mode of living or other background information the company deems necessary in order to determine whether the Company will accept or reject Applicant for coverage. Upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided. The Applicant understands this application is a request for quotation and no information provided herein shall be construed by either party as creating a binding contract for insurance.

Signed this _____ day of _____, _____ at _____

By _____ For _____
Name Title
(If Named Insured is other than an individual)

(If a partnership or corporation, signatory must be empowered by articles of Incorporation, et al, to bind insurance agreements.)

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, WEST VIRGINIA

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA, OKLAHOMA

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. (Florida only)

KENTUCKY, PENNSYLVANIA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

MAINE, TENNESSEE, VIRGINIA, 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 may (Maine only) include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY, NEW MEXICO

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW YORK

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material facts may be violating state law.

UTAH

Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.