

Non-Emergency Medical Transportation and Ambulance Supplemental Application

Is Non-Emergency Transport or Amb	ulance Service a for-pro	fit entity? YES	NO
Number of certified			
First Responders:	EMTs:	Paramedi	CS:
Average number of calls per month:		% E	mergency Calls (if any)
Are subcontractors or independent contractors utilized?		YES	NO
Are Air Ambulance Services offered?		YES	NO
What is the radius of operation?	miles		
Are MVR's verified for all drivers at t	ime of hire and at least	annually? YES	NO
Are Emergency Vehicle Operations courses required?			NO
Is a Physical Abilities Test performed at time of hire and annually?			NO
Are applicants road tested prior to hire?			NO
Number of units in service:			
Is there a documented fleet maintenance program?			NO
Is there a documented safety program in operation?			NO
Does the documented safety	/ program include traini	ng for:	
Safe Lifting?	YES	NO	
Blood Borne Pathogo	ens? YES	NO	
Needle Sticks?	YES	NO	
Describe lifting and mechanical aids	utilized:		
Describe personal protective equipm	nent utilized:		
Is a Safety Incentive program in place?			NO
Is a Light Duty Return to Work program in place?			NO
Does the insured have an Accident Review policy?			NO
Does the insured have a Post Accident Drug Screen?		YES	NO

- Please attach a driver list inlduding DL#, DOB, and State of Residence.
- Send applications to quotes@aiamga.com. Questions, please call 334-279-7600 to speak with an underwriter.