

10. Type of service Ambulance First Responder Paramedic Alarm Monitoring
 Rescue Squad with ambulance Rescue Squad without ambulance
 Fire Dept. with ambulance Fire Dept. without ambulance
 Dispatch Service for others Other (specify) _____

11. Number of: Operational ambulances _____ EMT's _____
Stand-by ambulances _____ Paramedics _____
Chair cars/vans/mini vans _____ 1st responders _____

12. Number of annual calls: Emergency _____
Non-emergency (ambulance) _____
Non-emergency (transport) _____
Do all non-emergency transp. drivers have CPR or Red Cross Lifesaving training? Yes No

13. Number of crew per ambulance _____ Number of hours of annual training for each _____
EMTS-A _____
EMTS-P _____
Nurses _____
Other _____
(Please describe "other" crew)

14. Current General Liability insurer: _____
Current Auto insurer: _____
Does Auto insurer exclude liability for loading and unloading? Yes No

15. Fully describe any hospital/nursing home affiliation

16. Please provide details of any mutual aid agreements (attach a copy of agreement to this application)

Additional Insureds	Describe Interests of Additional Insureds

Type of Coverage Requested	Limits of Liability Requested	Proposed Effective Date
Professional Liability		
Other		

19. Effective Dates Desired: From _____ To _____

Applicants signature: _____

Title: _____

Date: _____

Producing agent: _____