



AMBULANCE SERVICE COMPANIES  
PROPERTY/CASUALTY INSURANCE RENEWAL SURVEY

P.O. Box 5670  
Cortland, NY 13045  
Phone: (800) 822-3747  
Fax: (607) 756-5051  
Email: applications@mcneilandcompany.com

**General Information**

Date of Survey: \_\_\_\_\_ Date proposal is needed: \_\_\_\_\_ Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_  
(please include all organizations that are to be included as insureds)

FEIN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Owner/President: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Safety/Operations Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Human Resources Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you require a motor carrier filing? (Ex. Form E)  Yes (Attach a copy of the form)  No

**Insurance Agent Information**

Producer: \_\_\_\_\_ CSR or Other Contact: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agency Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If yes, please indicate Agency Name and Address: \_\_\_\_\_

**Operations**

**Highest Level of EMS services provided?**

Advanced Life Support  Basic Life Support  Advanced first Aid/CPR Only  First Responder Only

**Operations**

Gross Annual Revenue: \$ \_\_\_\_\_

Total Number of Employees \_\_\_\_\_ Full-Time Employees \_\_\_\_\_ Part-Time Employees \_\_\_\_\_

Total Number of Administrative Employees \_\_\_\_\_ Driver turnover percentage? \_\_\_\_\_

**Projected Annual Calls:**

Total Number of Calls: \_\_\_\_\_ Ambulance Calls: \_\_\_\_\_ Paratransit/Wheelchair Calls: \_\_\_\_\_

Percentage of Calls Running Lights & Sirens: \_\_\_\_\_

**Community Paramedicine:**

Are you involved in Community Paramedicine/Community Health?  Yes  No

If yes, please provide a brief explanation of services provided \_\_\_\_\_

How many visits do you make annually? \_\_\_\_\_

What is the annual revenue generated from Community Paramedicine/Community Health? \_\_\_\_\_

## Renewal Instructions

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### \* Updated Drivers List Required

Describe any name changes or acquisitions in the last three years, or anticipated in the coming year: \_\_\_\_\_

Any vehicle additions or deletions that we should make to the renewal policy? \_\_\_\_\_

Are vehicles garaged at more than one location?  Yes  No

**If Yes, please provide an updated vehicle schedule including the garaging location.**

Is alcohol sold or served at any time throughout the year?  Yes  No

**If Yes, please complete the attached liquor supplement.**

Are any of your vehicles equipped with Drive Cam?  Yes  No

### Stretcher Information:

Type	Brand	Number Used
X-Frame		
Power Cot		
Bariatric Cot		
Other		

Does the insured currently carry Worker's Compensation Coverage?  Yes  No

Are all employees covered by Employers Liability Coverage?  Yes  No

**If Yes, Please indicate the Carrier, Policy Number, Effective Date and Policy Limits:** \_\_\_\_\_

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### New York Only:

You are entitled to a credit if any of your vehicles weighing in excess of 10,000 lbs. are equipped with factory installed daytime running lights. Please list (attach a separate list for additional vehicles that qualify):

Vehicle No. \_\_\_\_\_ Make, Model & Identification number \_\_\_\_\_

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## **APPLICATION SIGNATURES & STATE FRAUD STATEMENTS**

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** 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 or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** 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 in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any Insurance Company or other person files an application for insurance or statement of claims 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.

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

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

## APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

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**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and title (please print): \_\_\_\_\_

Insurance Broker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be signed by someone who does not have access to funds)*

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### APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE

IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_