



Application for Ambulance Services' Professional Liability Insurance

1. Name of Applicant:

Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

2. Applicant is: Individual Partnership Corporation Employee

3. How long has Applicant been engaged in his/her current occupation or business?

4. a) How many ambulances does the Applicant operate?

b) Does the Applicant own the ambulances?

Yes No

If no, who owns them?

5. Is Applicant engaged in any business or profession other than providing ambulance services?

Yes No

If yes, please explain:

6. List the educational and training requirements the Applicant has met as a prerequisite to operating in his/her profession or business (**provide dates and name of institution, where possible**).

7. List any professional associations, organizations, or societies of which Applicant is a member.

8. Where is Applicant licensed to practice his/her profession?

9. Since graduation, where has Applicant practiced his/her profession?

10. Does the Applicant specialize in any branch of his/her profession?

Yes No

If yes, please describe:

11. If Applicant is individual, partnership, or corporation, state the number of owners and employees actively engaged in any phase of Applicant's profession or business:

Partners or officers:

All other employees (including clerical):

12. If Applicant has partners or employees, gives details:

Job Categories	Number of Employees	Qualifications of Ambulance Personnel

13. If Applicant is a Paramedic or if partners or employees are Paramedics list procedures you/he/she is qualified/authorized to perform:

14. Is Applicant employed by any person, firm, association or corporation? Yes No

If yes, give details:

15. Give particulars of all professional liability held by the Applicant for past five (5) years:

Insurer	Policy Limit	Policy Period	Deductible

16. Has any claim or suit alleging malpractice, a negligent act, error or omission, or breach of duty been brought against the Applicant or any employees within the past 5 years? Yes No

If yes, give details:

17. Has the Applicant any knowledge of any circumstances which could result in claim or suit being brought against the Applicant? Yes No

If yes, give details:

18. Limits of Insurance desired: \$ Each Claim
 \$ Deductible

I/We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

Signature of Applicant: _____

Date: _____

Broker: _____

Signing of this form does not bind the Applicant to complete the insurance.