

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.