CINDY ELBERT INSURANCE SERVICES

A DIVISION OF WORLD

APPLICATION FOR WORKERS' COMPENSATION

GENERAL INFORMATION

1. Expiration Date or Effective Date (if new venture): _____
2. Named Insured: _____
3. DBA: _____
4. Mailing Address: _____
5. Physical Address: _____
6. Phone: _____ Fax: _____
7. Website: _____
8. Owner's Name: _____ Email: _____
9. Type of Entity: ☐ Corporation ☐ Individual ☐ Partnership ☐ Joint Venture ☐ LLC
10. FEIN: _____
11. Date business started: _____ *Is this a new venture? ☐ Yes ☐ No
12. Is your business a subsidiary or division of a parent company? ☐ Yes ☐ No
    If yes, name of company: _____
13. Has your business had a change of ownership in the past 3 years? ☐ Yes ☐ No If yes, please explain:
    _____
14. Have you ever been cancelled or non-renewed? ☐ Yes ☐ No If yes, please explain:
    _____
15. Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, please explain:
    _____
16. Hours of Operation: _____

HIRING PRACTICES & BENEFITS

1. Do you check driver MVRs? If yes, please clarify the following:
   a. At time of hire ☐ Yes ☐ No
   b. Every 6 months after hire ☐ Yes ☐ No
   c. Copies of MVRs maintained in personnel files ☐ Yes ☐ No
2. Do you perform pre-employment screenings that include evaluation of the potential employee's ability to meet all the physical challenges of the job? ☐ Yes ☐ No
   a. Pre-hire drug testing required? ☐ Yes ☐ No
   b. Post-accident drug testing? ☐ Yes ☐ No
   c. Previous job references checked? ☐ Yes ☐ No
3. New employee orientation? ☐ Yes ☐ No
   Describe program: _____
4. Do you provide the following benefits? Group Health Plan: ☐ Yes ☐ No Paid Vacation: ☐ Yes ☐ No
   401k/Retirement Plan: ☐ Yes ☐ No

OPERATIONAL INFORMATION

1. **Estimated Annual Payroll:**

Classification	Class Code	# of Full-Time Employees	# of Part-Time Employees	Estimated Annual Payroll

2. **Historical Payroll & Premium:**

	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year
Payroll				
Premium				

3. **Officers, Partners, and/or Relatives – Included or Excluded:**

Name	Date of Birth	Title/Relationship	% of Ownership	Include or Exclude	Estimated Annual Payroll

3. Does your service contract to provide primary 911? ☐ Yes ☐ No
4. Total estimated number of transports: _____
   a. _____ % of total BLS Non-Emergency b. _____ % of total ALS Emergency
   c. _____ % of total 911 Emergency d. _____ % of total Paratransit
5. What is your max lifting exposure? _____ lbs.
6. Do you use power cots? ☐ Yes ☐ No
7. Radius of operations (total percentage should equal 100%):
   _____ % Under 25 miles _____ % 25-50 miles _____ % 50-100 miles _____ % 100+ miles
8. Does your operation have a fleet maintenance program? ☐ Yes ☐ No
   If yes, who does the servicing? ☐ Outside Vendor ☐ In-House Mechanic
9. Do any employees travel out of state? ☐ Yes ☐ No

SAFETY & RISK MANAGEMENT

1. Please indicate which of the following your company staff training program includes: ☐ Importance of Personal Safety ☐ Correct Body Mechanics ☐ Correct Lifting Techniques ☐ Use of Personal Protective Equipment
2. Do you maintain documentation of when each employee receives staff training and what the training consisted of? ☐ Yes ☐ No
3. Is seatbelt use mandated at all times? ☐ Yes ☐ No
4. Describe the disciplinary action taken when employees do not follow established policies and procedures:
   _____
5. Does your service follow OSHA standards for the following? ☐ Personal Protective Equipment ☐ Sanitation ☐ Vehicle Maintenance ☐ Portable Fire Extinguishers ☐ Hazard Communication
6. Defensive Driver Training: ☐ Video ☐ Hands-on Training ☐ EVOC ☐ CEVO
7. Do you have a Return to Work (RTW) plan in place? ☐ Yes ☐ No

8. Do you have any safety incentive programs in place? ☐ Yes ☐ No If yes, please describe your incentive program(s):

_____

9. Were there any OSHA violations in the last year? ☐ Yes ☐ No If yes, please describe:

_____

COVERAGE LIMIT OPTIONS

Desired Limits: Each Accident / Policy Limit / Each Employee

☐ $1,000,000 / $1,000,000 / $1,000,000

☐ $500,000 / $500,000 / $500,000

☐ $100,000 / $500,000 / $100,000

SCHEDULE OF LOCATIONS

	Street Address	City, State	Zip Code	Description	# of Employees at Location
1.					
2.					
3.					
4.					
5.					

LIST OF CERTIFICATE HOLDERS

Certificate Holder Name:	Address:	Attn:	Interest*

***Interests:** ***V** = Verification of Insurance* ***W** = Waiver of Subrogation*

FRAUD WARNINGS

GENERAL FRAUD STATEMENT (not applicable in Colorado, Florida, Hawaii, Massachusetts, Nebraska, Ohio, Oklahoma, Oregon and Vermont) Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: substantial) civil penalties. In the District of Columbia, Louisiana, Maine, Tennessee and Virginia, and Washington insurance benefits may also be denied.

NOTICE TO COLORADO APPLICANTS: THIS NOTICE IS A PART OF YOUR APPLICATION FOR PROFESSIONAL

LIABILITY INSURANCE: 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 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 of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he/she 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: A 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE.
THE APPLICANT AGREES THAT IF THE INFORMATION SUPPLIED ON THE APPLICATION BY THE APPLICANT CHANGES BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF INSURANCE, APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Please forward the completed application to us now. Request the following and once you have received them please send to us:

- *Currently valued loss runs for the past 5 years*
- *Current Experience Modification Rating Worksheet (aka E-Mod Worksheet)*
- *Copies of your current insurance policies*

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Please return signed and completed application to:
Cindy Elbert Insurance Services
15182 N. 75th Ave., Ste. 100, Peoria, AZ 85381
Phone: 602-942-3900 | Fax: 602-942-4300 | Email: info@ambulanceinsurance.com