Member Companies of Western World Insurance Group

☐ Western World Insurance Company
☐ Tudor Insurance Company
☐ Stratford Insurance Company

Application
For
Emergency Care Services Professional Liability

1. Name of Applicant _____
   Street address _____
   City _____ State _____ Zip _____
   Applicant's Web Site Address _____

2. Type of Organization ☐ Volunteer ☐ Individual ☐ Partnership
   ☐ Corporation ☐ For Profit ☐ Non-Profit
   ☐ Municipality (fully describe interest, control, financial support)
   ☐ Other (Please explain) _____

3. Date established _____

4. Population of area served _____ Radius of operation _____ miles

5. Receipts (if applicable) $ _____ Number of volunteer members _____
   Number of paid members _____

6. Have you had previous insurance for this enterprise? ☐ Yes ☐ No
   (If yes, please complete the following)

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

7. During the past **three years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide description of claim, date of loss, amount(s) paid and reserved. ☐ Yes ☐ No
   _____
   _____

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. ☐ Yes ☐ No
   _____
   _____

9. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or nonrenewed in the past (3) three years? If yes, please provide full details. ☐ Yes ☐ No
   _____
   _____

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)

17.

Additional Insureds	Describe Interests of Additional Insureds

18.

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: _____