

**National Casualty Company**  
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Columbus, Ohio 43215  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
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**Scottsdale Insurance Company**  
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Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
Adm. Office: 8877 North Gainey Center Drive  
Scottsdale, Arizona 85258

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**PUBLIC AUTO SUPPLEMENTAL APPLICATION—NON-EMERGENCY TRANSPORT**  
(Complete in Addition to the Commercial Automobile Application)

**PROVIDE COPIES OF DRIVER TRAINING MANUAL AND SAFETY PROCEDURES**

1. **Applicant's Name:** \_\_\_\_\_
2. **Has this service ever operated under another name?**.....  Yes  No  
If yes, what name? \_\_\_\_\_
3.  Profit  Nonprofit Source of funding: \_\_\_\_\_
4. **Do you have a contract with a social service agency?** .....  Yes  No  
If yes, list agencies (provide copy of contract): \_\_\_\_\_
5. **Percentage of fares paid by:**  
Medicaid/Medicare: \_\_\_\_\_% VA Benefits: \_\_\_\_\_% Other Government Benefit: \_\_\_\_\_% Passengers: \_\_\_\_\_%  
Other: \_\_\_\_\_% If Other; Explain: \_\_\_\_\_
6. **Number of trips per year:**..... \_\_\_\_\_  
Number of Emergencies: \_\_\_\_\_ Number of Non-Emergencies: \_\_\_\_\_  
Percentage of Wheelchair Transport:..... \_\_\_\_\_%  
Percentage of Stretcher Transport: ..... \_\_\_\_\_%
7. **a. List major cities entered:** \_\_\_\_\_  
\_\_\_\_\_
- b. What percentage of the operations involves transportation in these cities?**..... \_\_\_\_\_%
8. **Is any transportation provided to the following destinations?** .....  Yes  No  
If yes, indicate percentage of all applicable and advise of any other destination:  
Shopping Districts: \_\_\_\_\_% Workplaces: \_\_\_\_\_% Senior Centers: \_\_\_\_\_% Schools: \_\_\_\_\_%  
Daycare Centers: \_\_\_\_\_% Psychiatric Centers: \_\_\_\_\_% Heliport or Airport: \_\_\_\_\_% Other: \_\_\_\_\_%
9. **Are passengers assisted in or out of the autos?** .....  Yes  No  
If yes, provide percentage of: Curb-to-Curb: \_\_\_\_\_% Door-to-Door: \_\_\_\_\_% Door Through Door: \_\_\_\_\_%
10. **Who dispatches your calls?**  911  Outside Sources  In-house by your own employees or volunteers
11. **Do you distribute any medical supplies or equipment?**.....  Yes  No  
If yes, provide details: \_\_\_\_\_

12. Indicate level of training and number of individuals who drive and/or provide client care (full-time, part-time or volunteer):

	EMT Basic	EMT Advanced	EMT Paramedic	Other	No Certification
Number of Employees					
Number of Volunteers					

If "other" is marked above, explain: \_\_\_\_\_

13. Identify the types of special driver training programs that your drivers receive:

- General Driver Orientation
- Defensive Driving
- Primary First Aid
- Advanced First Aid
- CPR
- Passenger Assistance Training
- Human Relations Skills
- Non-Medical Emergency Training
- Emergency Vehicle Evacuation
- Emergency Vehicle Operators Course (EVOC)

14. Do you:

- Screen employees and drivers' histories for sexual abuse charges and convictions? .....  Yes  No
- Verify licenses/professional certificates? .....  Yes  No
- Screen employees for previous involvement as defendants in malpractice litigation? .....  Yes  No

15. Number of units equipped with lights and sirens? ..... \_\_\_\_\_

16. How many vehicles are equipped with the following wheelchair tie-down mechanism?

3 Point Tie-Down: \_\_\_\_\_ 4 Point Tie-Down: \_\_\_\_\_

17. Describe wheelchair and stretcher tie-down procedures: \_\_\_\_\_

\_\_\_\_\_

18. Is scooter transport (electric scooters or mobility scooters) provided? .....  Yes  No

If yes, how are passengers secured? \_\_\_\_\_

\_\_\_\_\_

If yes, how are scooters secured within the vehicle? \_\_\_\_\_

\_\_\_\_\_

19. Are any vehicles not equipped with both lap belts and shoulder harnesses for the passengers?  Yes  No

20. Does Applicant carry Professional Liability coverage? .....  Yes  No

Policy Number	Carrier	Limits	Term	Is Loading and Unloading Included
		\$		

21. Does Applicant carry General Liability coverage? .....  Yes  No

Policy Number	Carrier	Limits	Term
		\$	

22. Are all vehicles owned by you? .....  Yes  No

If no, explain: \_\_\_\_\_

Are they leased, etc.? .....  Yes  No

Give details: \_\_\_\_\_

23. Do employees use their own vehicles in your business? .....  Yes  No

Explain: \_\_\_\_\_

Are any employees/volunteers' vehicles used for client transport? .....  Yes  No

24. Any other pertinent information about your business: \_\_\_\_\_

\_\_\_\_\_

**Refer to the application form for State Fraud Warnings.**

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner, or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

APPLICATION DISCLAIMER

I authorize the company to obtain a copy of any Motor Vehicle Report for rating/underwriting the insured for which I have applied.

DISCLOSURE: In connection with the application for commercial automobile insurance, we may review a credit report or obtain or use a credit-based insurance score based on the information contained in the credit report. We may utilize a third party for development of the insurance score. The credit report/insurance score will not be used for any purpose other than the underwriting of the commercial automobile insurance policy for which you have applied. I authorize the company to obtain a credit report, including but not limited to a credit based insurance score based on the personal information provided.

