



**SUPPLEMENT FOR AMBULANCE SERVICES**  
**(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERAL APPLICATION)**

1. Name of Applicant: \_\_\_\_\_

2. a) Total # of emergency runs:

(i) for the past 12 months: \_\_\_\_\_

(ii) estimated for the next 12 months: \_\_\_\_\_

3. a) Total # of non-emergency runs:

(i) for the past 12 months: \_\_\_\_\_

(ii) estimated for the next 12 months: \_\_\_\_\_

4. Radius of Operations: \_\_\_\_\_

5. Qualifications and number of EMS Personnel:

Employed	Contract	Volunteer	
_____	_____	_____	Advanced First Aid and/or Red Cross
_____	_____	_____	CPR Certificate Only
_____	_____	_____	EMT Basic
_____	_____	_____	EMT Advanced or Intermediate (IV)
_____	_____	_____	EMT Paramedic
_____	_____	_____	Nurse (RN or LPN)
_____	_____	_____	Physicians or Surgeons*
_____	_____	_____	Other, Describe: _____

6. Does your service provide first aid services to any sporting event, carnival, fair, etc?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details on type, location and number of patient encounters as well as frequency?

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# HUNTERSURE LLC

7. Are ambulances equipped with cardiac telemetry? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, to what command center? \_\_\_\_\_

Who provides medical orders? \_\_\_\_\_

8. Does your service provide air or watercraft ambulance services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

9. Does your service provide mobile intensive care? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Does your service provide mobile neo-natal intensive care? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Explain under what circumstances you will refuse to transport a patient:

\_\_\_\_\_

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

**FOR KENTUCKY RISKS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: \_\_\_\_\_

Please Print

Title

Signature: \_\_\_\_\_

Name

Date

(NOTE: Supplement must be signed by the owner or president or principal)