INSURANCE
NEMT

SUPPLEMENTAL APPLICATION

It is specifically represented that the statements in this application are true and correct. It is further understood that the representations in this application have been made to NEMT Insurance, LLC and the Company is relying upon the truthfulness of the statements in making the decision to accept this risk.

ANY MISREPRESENTATIONS OF STATEMENTS MAY VOID THE POLICY

AGENCY/PRODUCER INFORMATION

Agency: 3rd Millennium Insurance & Financial Services, Inc.	Agency's Phone Number: (800) 936-0705
Producer: Virgil Jonson/Rod Sykes	Producer's Phone Number:

BASIC INFORMATION

Company Name:	FEIN or SSN:
Address:	Business Website (if applicable):
Detailed description of insured's operations:	
What is your radius of operation (in miles)?	What was the fleet's total mileage last year?
How many years have you been in business?	
If you are a new venture, have you ever driven for, or have you ever been associated with and other passenger transportation company? YES ☐ NO ☐	If "YES", provide name, address and dates:
Is your business required to submit any filing? YES ☐ NO ☐	If "YES", provide ICC/PUC docket #:
What percent of business is dispatched?	What percent of business is not NEMT?
Please provide names of organizations with which you have current contracts to provide transportation services:	
Do you ever transport unscheduled passengers? YES ☐ NO ☐	If "YES", please explain:

Please indicate the percentage of trips that fall into the following categories (columns should total 100%):

Wheelchair:	_____	Curb-to-Curb:	_____	Prescheduled:	_____
Stretcher:	_____	Door-to-Door:	_____	On-Demand:	_____
Passenger:	_____	Door-through-Door:	_____	Emergency:	_____
Total:	100%	Total:	100%	Total:	100%

VEHICLE INFORMATION

How many vehicles do you own?	
Are all vehicles both titled and registered to the named insured? YES ☐ NO ☐	Are all vehicles titled/licensed in the state in which they operate? YES ☐ NO ☐
Do you subcontract work to others? YES ☐ NO ☐	Do you have a written vehicle maintenance program? YES ☐ NO ☐
Do you accept fares utilizing any type of passenger-hailing mobile applications (e.g. Uber, Lift, Hailo)?	YES ☐ NO ☐
Do you regularly perform "pre" and "post" trip vehicle inspections?	YES ☐ NO ☐

SPECIAL EQUIPMENT *Please attach vehicle schedule listing all vehicles, and indicating those with special equipment.*

Do the insured vehicles have any of the following equipment?			If "YES", indicate the number of vehicles with this type of equipment below:
Lift-out/Pull-Out Ramps	YES ☐	NO ☐	Number of Vehicles:
Mechanical Lifts	YES ☐	NO ☐	Number of Vehicles:
Wheelchair Passenger/Patient Safety Restraint System	YES ☐	NO ☐	Number of Vehicles:
Automatic Braking Sensor, or any other type of ACTIVE Accident-Avoidance Technology	YES ☐	NO ☐	Number of Vehicles:
Driver's Seat Vibration or Audible Alarm, or any other type of PASSIVE Accident-Avoidance Technology	YES ☐	NO ☐	Number of Vehicles:
GPS	YES ☐	NO ☐	Number of Vehicles:
In-Vehicle Camera	YES ☐	NO ☐	Number of Vehicles:

DRIVER INFORMATION

Current number of drivers:

Minimum age requirement for drivers:

Do you review MVRs before hiring?
YES ☐ NO ☐

Do you have a written driver training program?
YES ☐ NO ☐

Do drivers complete the following? (check all that apply)
- ☐ Written Application
- ☐ Defensive Driver Training
- ☐ Emergency Vehicle Evacuation Training
- ☐ Passenger Assistance Training
- ☐ Primary First Aid
- ☐ Wheelchair & Stretcher Securement Training

Do you provide Workers Compensation Coverage for your drivers?
YES ☐ NO ☐

Do you utilize volunteer drivers?
YES ☐ NO ☐

Do you require a 10-panel drug test?
YES ☐ NO ☐

Do the drivers take any vehicles home?
YES ☐ NO ☐

How often do you hold safety meetings?
☐ Never ☐ Monthly ☐ Quarterly
☐ Semi-Annually ☐ Annually

If "YES", are any of the vehicles used by family members?
YES ☐ NO ☐

Are your drivers employees of your company or independent operators? EMPLOYEES ☐ INDEPENDENT OPERATORS ☐

Have you or an employee ever been accused of sexual assault or molestation?
YES ☐ NO ☐

If "YES", please explain:

The completion of this supplemental application creates no express or implied obligation on the part of the company or its manager to offer a quotation or provide insurance

Signature of Insured:	**Title:**	**Date:**
Signature of Producer:	**Date:**	

COMPLETE SUBMISSION REQUIREMENTS

1. Current applicable ACORD Applications for coverage desired. Vehicle schedule should include 17-digit Vehicle Identification Number (VIN), radius and number of passengers. YES ■ NO ☐
2. This supplemental application, signed by the insured. YES ■ NO ☐
3. Description of why the account is an opportunity, and what we can do to satisfy your needs. YES ■ NO ☐
4. Minimum of 5 years of hard copy loss runs valued within the last 60 days. YES ☐ NO ■
5. Current drivers list and MVRs generated within the last 60 days. YES ■ NO ☐