

ADMIRAL INSURANCE COMPANY

9606 N. Mopac #450

Austin, Texas 78759

Phone: 512-795-0766 - Fax: 512-795-0833

Internet: <http://www.admiralins.com>

APPLICATION FOR AMBULANCE DRIVERS AND ATTENDANTS FOR PROFESSIONAL LIABILITY POLICY (CLAIMS MADE COVERAGE)

1. Name of Applicant: _____
(If Partnership or corporation, show firm)

2. Address: _____
Street City State Zip Code

3. Number of ambulances maintained: (a) operational _____ (b) standby _____

4. Radius of operation: _____ Hours of operation: _____

5. Number of crew members: Per vehicle: _____ Total: _____

6. Are all crew members qualified? _____

6. Qualification of crew members:
 Red Cross
 National Ambulance Training Institute
 Paramedics State number of paramedics: _____ Full time: _____ Part time: _____
 Other (specify): _____

7. Number of calls (approximately) last year:
(a) To emergencies: _____
(b) To transporting hospitals: _____
Estimated number this year:
(c) To emergencies: _____
(d) To transporting hospitals: _____

The applicant declares that the above statement and representations are true and correct and that no facts have been suppressed or misstated. The completion of this Supplement Information Sheet shall be in addition to the information contained in the application Form MMPL 02 04, and will be made apart of the policy.

Date: _____ Signature: _____

Title: _____
(Owner, Partner, Authorized Officer)