

For private emergency and interfacility ambulance services. Complete with CWCO-SUP-CORE, ACORD 125 and 127, and CWCO-SUP-AUTO. Scheduled non-emergency rides use the NEMT form (CWCO-SUP-PAX); air ambulance uses CWCO-SUP-AVIATION.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA	FEIN	YEARS IN BUSINESS
BUSINESS ADDRESS	CITY / STATE / ZIP	WEBSITE	

Entity type:
☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation

PRIMARY CONTACT / TITLE	PHONE	EMAIL
AMBULANCES / OTHER VEHICLES	EMTS / PARAMEDICS	MEDICAL DIRECTOR

2 OPERATIONS

Service levels (check all that apply):
☐ Basic life support ☐ Advanced life support ☐ Critical care transport ☐ 911 / municipal contract ☐ Interfacility transfers
☐ Event standby ☐ Wheelchair / stretcher van

TRANSPORTS PER YEAR	% EMERGENCY (911) RESPONSES	ANNUAL REVENUE (\$)

2-1 Does the applicant hold a 911 or municipal EMS contract? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-2 Does the applicant transport patients across state lines? ☐ Yes ☐ No
 IF YES, EXPLAIN

2-3 Are controlled substances carried on units? ☐ Yes ☐ No
 IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — LIGHTS AND SIREN, RESTRAINTS & DRIVING

Forty-seven people died in ambulance-involved crashes in 2024. Using lights and siren during transport more than doubles the crash rate while saving only seconds to minutes, and NHTSA found operator error behind nearly all ambulance crashes it investigated — often with clinicians and patients unrestrained.

3-1 Is there a written policy limiting lights-and-siren use to clinically necessary calls? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-2 Is lights-and-siren use tracked and reviewed? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-3 Must clinicians in the patient compartment be restrained whenever patient care allows? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-4 Are driving records checked at hire and at least annually? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-5 Do all drivers complete an emergency vehicle operations course (EVOC) before driving? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-6 Are drivers required to come to a full stop at red lights and stop signs before proceeding? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-7 Are units equipped with telematics or video monitoring of driving? ☐ Yes ☐ No
 IF NO, EXPLAIN

3-8 Are shift lengths limited to prevent fatigue? ☐ Yes ☐ No
IF NO, EXPLAIN

3-9 Is every crash reviewed with corrective action? ☐ Yes ☐ No
IF NO, EXPLAIN

4 CLINICAL CARE & PATIENT HANDLING

4-1 Do all clinicians hold current state certifications for their level of care? ☐ Yes ☐ No
IF NO, EXPLAIN

4-2 Is care delivered under written protocols approved by the medical director? ☐ Yes ☐ No
IF NO, EXPLAIN

4-3 Are patient care reports reviewed for quality on a regular schedule? ☐ Yes ☐ No
IF NO, EXPLAIN

4-4 Are powered stretchers or lift-assist devices used to prevent drops and back injuries? ☐ Yes ☐ No
IF NO, EXPLAIN

4-5 If yes to 2-3, are controlled substances secured, logged, and reconciled every shift? ☐ Yes ☐ No
IF NO, EXPLAIN

5 COVERAGE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

AUTO LIABILITY LIMIT (\$)	EMS PROFESSIONAL LIABILITY (\$)	UMBRELLA LIMIT (\$)	CURRENT CARRIER / PREMIUM

5-1 Has an ambulance crash caused a death or serious injury in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Has a patient care or patient-drop claim been made in the past 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Has coverage been declined, cancelled, or non-renewed in the past 3 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: 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, may be committing a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties. State-specific fraud warnings appear on the insurer's application.

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE
PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE