NON-EMERGENCY MEDICAL TRANSPORT (NEMT) SUPPLEMENTAL

Covers non-emergency medical transportation (ambulatory, wheelchair, and stretcher) including Medicaid broker and managed-care contracts. Emergency ambulance is rated separately; limo and charter use CWCO-SUP-LIMO. Complete with ACORD 125, 127, and 137 or a commercial auto application.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME | DBA | FEIN | YEARS IN BUSINESS

GARAGING ADDRESS | CITY / STATE / ZIP | WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Nonprofit

PRIMARY CONTACT / TITLE | PHONE | EMAIL

USDOT NO. (IF ANY) | MC / OPERATING AUTHORITY NO. | STATE / LOCAL PERMIT OR LICENSE NO(S).

2 OPERATIONS

Service levels provided (check all that apply):

☐ Ambulatory ☐ Wheelchair ☐ Stretcher (non-emergency) ☐ Bariatric ☐ Door-through-door assistance

VEHICLE TYPE	COUNT	SEATING CAPACITY	AVERAGE MODEL YEAR	OWNED / LEASED / DRIVER-OWNED

Vehicle types: sedans; wheelchair vans with lifts or ramps; stretcher vans; minibuses; other.

NUMBER OF DRIVERS | W-2 EMPLOYEES (%) | OWNER-OPERATORS / LEASE DRIVERS (%) | ANNUAL DRIVER TURNOVER (%)

TRIPS PER MONTH | BROKER / MCO TRIPS (%) | BROKERS OR MCOS CONTRACTED WITH

2-1 Is the applicant owned by or affiliated with a hospital, nursing home, or assisted living facility? ☐ Yes ☐ No
IF YES, EXPLAIN

2-2 Does the applicant subcontract any trips to other providers? ☐ Yes ☐ No
IF YES, EXPLAIN

2-3 Does the applicant transport psychiatric patients or people in custody? ☐ Yes ☐ No
IF YES, EXPLAIN

2-4 Does the applicant transport unaccompanied minors? ☐ Yes ☐ No
IF YES, EXPLAIN

3 EXPOSURE & RISK QUESTIONS — WHEELCHAIR SECUREMENT & PASSENGER HANDLING

Wheelchair tipovers are NEMT's recurring fatal claim. One expert witness has worked on about 90 such suits, which he traces to tight schedules, mismatched or scavenged tie-down parts, and passengers not secured to their own chairs. Suits name the driver, the provider, and the broker.

3-1 Is every wheelchair secured with a four-point tie-down system before the vehicle moves? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is every wheelchair passenger secured with a lap and shoulder belt, separate from the chair's own belt? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Are tie-down parts matched to each vehicle's system and replaced, never moved between vehicles? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Do drivers complete documented securement and lift training before carrying passengers? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Do trip schedules include set time for loading and securement at each stop? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Are lifts and ramps inspected before each shift? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Does the applicant transport bariatric passengers or use specialized lift equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

3-8 Has a passenger fallen, tipped over, or been injured during loading, securement, or transport in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — DRIVERS, SCREENING & PATIENT SAFETY

4-1 Are criminal background and sex-offender registry checks done on every driver and attendant before hire? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Are driving records pulled at hire and reviewed at least yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Are drivers drug and alcohol tested before hire and randomly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Where required, is the applicant enrolled in a DOT drug-testing consortium? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Do all drivers hold current CPR and first-aid certification? ☐ Yes ☐ No
IF YES, EXPLAIN

4-6 Is there a written policy on patient abuse and misconduct? ☐ Yes ☐ No
IF YES, EXPLAIN

4-7 Are drivers and attendants trained on the misconduct policy at hire and yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

4-8 Has any passenger alleged abuse, sexual misconduct, or theft by a driver or attendant? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — BROKER CONTRACTS, HIPAA & DOCUMENTATION

5-1 Is every trip documented with pickup and drop-off times and passenger or facility signatures? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are there written HIPAA privacy policies? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Are all staff trained on HIPAA at hire and yearly? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 Are incidents reported to the broker or MCO within the contract's deadline? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Has the applicant confirmed its insurance meets every broker and MCO contract requirement? ☐ Yes ☐ No
IF YES, EXPLAIN

5-6 Are vehicles cleaned and disinfected under a written infection-control procedure? ☐ Yes ☐ No
IF YES, EXPLAIN

5-7 Has the applicant been audited, sanctioned, or investigated by Medicaid, a broker, or an MCO? ☐ Yes ☐ No
IF YES, EXPLAIN

6 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	PROJECTED ANNUAL GROSS REVENUE ($)	ANNUAL FLEET MILEAGE

7 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years for auto liability, physical damage, and general liability.

CURRENT AUTO CARRIER	AUTO LIABILITY LIMIT	UMBRELLA / EXCESS LIMIT

7-1 Has any carrier declined, cancelled, or non-renewed coverage in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

7-2 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

8 RISK MANAGEMENT

8-1 Are pre-trip and post-trip vehicle inspections documented every shift? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Are vehicles equipped with cameras or telematics reviewed after incidents? ☐ Yes ☐ No
IF YES, EXPLAIN

9 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, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE