THUM INSURANCE™

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MOBILE MEDICAL CLINIC APPLICATION

Name of Applicant: _____

DBA: _____

Contact Name: _____ Contact Email: _____

Location Address: _____

Mailing Address: _____

Business Phone: _____ Cell Number: _____ Fax Number: _____

Email: _____ Website: _____

CEO: _____ CFO: _____

FEIN/Social Security No. _____ USDOT # _____

REQUESTED EFFECTIVE DATE: From _____To _____12:01A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS

DESCRIPTION OF OPERATIONS

1. **Applicant is:** ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture ☐ LLC ☐ Trust
   ☐ Not For Profit Org ☐ Subchapter "S" Corporation ☐ Other: _____
2. **Description of operations:** _____
3. **Please describe what type of locations your clinic will be practicing at:**
   _____
4. **What date was this mobile operation started?** _____/_____/_____
5. **How many years of experience does your management have in the same/related business?** _____
   Provide a brief explanation of their experience:_____
6. **Have you had any insurance canceled, declined or non-renewed in the last 3 years?** ☐Yes ☐No
   If yes, explain: _____
7. **Has there been any change in the nature of operations, ownership, management or the name of the operation during the last five years?**..... ☐ Yes ☐ No
   If yes, provide details:_____
8. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries or has the applicant operated under a different name?**..... ☐ Yes ☐ No
   If yes, provide details:_____
9. **Is there a formal safety program for the mobile unit?** ..... ☐ Yes ☐ No
   If yes, provide details or a copy: _____
10. **List commodities transported:**_____
11. **What items do you hand out to patients?** _____
12. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?**..... ☐ Yes ☐ No
    If yes, provide specific details:_____

13. **Radius of operations:** ☐ Intrastate only ☐ Interstate

0-100 miles _____%, 101-300 miles _____%, 301-500 miles _____%, Over 501 miles _____%

14. **List all states in which vehicles operate:** _____

a. For all states, list largest cities entered: _____

b. For all states, list farthest city entered from garaging location: _____

15. **Do any units have special equipment, customizations or alterations?** ☐ Yes ☐ No

If yes, describe: _____

16. **Are any vehicles used by family members?** ☐ Yes ☐ No

If yes, list and provide MVRs: _____

17. **Is there personal use of vehicles?** ☐ Yes ☐ No

If yes, explain: _____

18. **Do you allow passengers?** ☐ Yes ☐No

If yes, please describe and list how many at one time: _____

19. **Are any vehicles or equipment loaned, rented, or leased to others?** ☐ Yes ☐ No

If yes, explain: _____

20. **Do you have patients coming into your mobile unit while you are parked at a location?** ☐ Yes ☐ No
If yes what is the maxiumim number at one time? _____

21. **What type of patients do you see?** (Adults, Seniors, Children, ect.) _____

22. **What is the maximum number of employees (including volunteers) you have in the mobile unit while you are parked at a location?** _____

23: **Has applicant had a foreclosure, repossession, bankrupty or filed for bankruptcy during the last five (5) years?** ☐ Yes ☐ No If yes, explain: _____

24. **During the last 5 years (10 in RI), has any applicant been indicted for or convicted of any degree of the crime of fraud, bribery, arson or any other arson-related crime in connection with this or any other property?**
(In RI, this question must be answered by any application for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment) ☐ Yes ☐ No

25. **Any past losses or claims relating to sexual abuse, molestation allegations, discrimination or negligent hiring?** ☐ Yes ☐ No

26. **Has applicant had a judgment or lien during the last five (5) years?** ☐ Yes ☐ No
If yes, explain: _____

27. **Any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries?** ☐ Yes ☐ No

28. **Does applicant have any other business ventures for which coverage is not requested?** ☐ Yes ☐ No
If yes, explain: _____

DRIVER INFORMATION

29. **Are all drivers covered by Workers' Compensation insurance?** ☐ Yes ☐ No
If yes, you must provide a copy of your policy.

30. **Is there a formal driver hiring procedure?** ☐ Yes ☐ No
If yes, provide a copy.

31. **Is there a formal driver training program?** ☐ Yes ☐ No
If yes, provide a copy.

32. Do you:

Perform employee drug & alcohol screening/testing? ☐ Yes ☐ No

Perform criminal background checks? ☐ Yes ☐ No

Have a "Good Driver" incentive program ☐ Yes ☐ No

Order MVRs prior to allowing employees to drive? ☐ Yes ☐ No

33. Criteria for hiring drivers: minimum age: _____ **years of experience:** _____

Describe MVR standards: _____

_____

34. Average driver turnover per year: _____%

Number of drivers hired in the past twelve (12) months: _____

35. Is there an accident review procedure? ☐ Yes ☐ No

If yes, please describe: _____

36. Are all drivers employees? ☐ Yes ☐ No

If no, provide copy of contract.

37. How are your drivers paid? ☐ Per load ☐ Per hour ☐ Other: _____

38. Do you agree to screen and report all potential operators immediately upon hiring? ☐ Yes ☐ No

39. List below all drivers, owners/officers, partners currently employed as of the proposed effective date.

Driver's Name	D/C*	Date of Birth	M S W	Driver's License No.	State	Class of License	No. of Years Driving Similar Vehicle	List Past 3 Years of Accidents & Traffic Violations

*D/C = Designation Code: O—Owner/Officer, P—Partner, E—Employee, V-Volunteer

If there are any drivers with serious violations* in the last 5 years we are unable to insure that driver on the commercial policy.

*Serious Violations: Driving Under the influence of Alcohol or Drugs, Refusing to take a substance test, Reckless Driving, Hit and Run, Resisting Arrest, Driving with license suspended or revoked, Homicide or manslaughter or using a vehicle in connection with a felony, Driving with an open container (alcohol), Careless Driving, Fleeing or Evading Police or roadblock, Racing/speed contest, Vehicular assault.

VEHICLE INFORMATION

40. Number of vehicles owned:

___ Motor Home/Mobile Unit ___Tractors ___Trailers ___ Private Passenger Types __ Van Conversions Other _____

41. Number of vehicles leased:

___ Motor Home/Mobile Unit ___Tractors ___Trailers ____ Private Passenger Types ___ Van Conversions Other _____

42. Provide details on your vehicle maintenance program: _____

_____

43. How is access to your medical equipment controlled? Please explain:

_____

44. Are any vehicles owned, operated or leased that are not included in the vehicle schedule? ☐ Yes ☐ No

If yes, provide details: _____

PRIOR CARRIER AND LOSS EXPERIENCE SUMMARY

Include a minimum of three years currently valued company loss runs for all accounts.
The following Prior Carrier and Loss Experience Section must be completed:

Policy Period	Prior Carrier	Policy No.	Past Deductible Amount	Liability Premium	Physical Damage Premium	No. Of Losses	Liability Losses Paid/ Open*	Physical Damage Losses Paid/ Open*

LIMIT AND COVERAGE INFORMATION

45. Liability: Combined Single Limits $_____

Split Limit: B.I. Per Person: $ _____ B.I. Per Accident $ _____ Property Damage: $ _____

46. Uninsured Motorist: ☐ Matching Limits Accepted **Underinsured Motorist:** ☐ Matching Limits Accepted

47. Medical Payments: ☐ Rejected ☐ Limits accepted: _____

48. Deductibles: ☐ **Comp $**_____ ☐ **Coll $** _____

49. Are any Lessors or other entities to be added as additional insureds? ☐ Yes ☐ No

If yes, list **NAME and ADDRESS**:

_____

50. Included GL Extension Endorsement (GLEE)

51. Annual Income from Mobile Unit $_____

VEHICLE SCHEDULE

Please attach vehicle and equipment invoices and inventory list

Vehicle #:	**Year:**	**V.I.N.:**
Make/model/type of vehicle:		
☐ ACV ☐ ST AMT: Value of Vehicle $_____		Value of perm. attached equip.: $_____
City, state, zip where garaged:		
License state:		Deductibles ☐ COMP_____ ☐COLL _____
☐ Commercial Use ☐ Service Use		Leased Vehicle? ☐ Yes ☐ No
If custom unit, name of coach builder: _____		Unit Length: _____

Vehicle #:	**Year:**	**V.I.N.:**
Make/model/type of vehicle:		
☐ ACV ☐ ST AMT: Value of Vehicle $_____		Value of perm. attached equip.: $_____
City, state, zip where garaged:		
License state:		Deductibles ☐ COMP_____ ☐ COLL _____
☐ Commercial Use ☐ Service Use		Leased Vehicle? ☐ Yes ☐ No
If custom unit, name of coach builder: _____		Unit Length: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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.

FRAUD WARNING (APPLICABLE IN FLORIDA): Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

FRAUD WARNING (APPLICABLE IN MAINE): It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK: 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, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE:_____

APPLICANT'S SIGNATURE: _____ DATE:_____

(Must be signed by an active owner, partner or executive officer.)

AGENT'S SIGNATURE: _____ DATE:_____

AGENT NAME: MELISSA E THUM

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Print Form