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 116 South River Rd., Bldg. D, Suite 6A
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 Plymouth Meeting, PA 19462-1046
 610-260-1499 • 800-736-7157
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Application for Emergency Care Services Professional Liability

1. Name of applicant _____
 Street address _____
 City _____ State _____ Zip _____

2. Type of Organization Volunteer Individual Partnership
 Corporation For Profit Non-Profit
 Municipality (fully describe interest, control, financial support)
 Other (Please explain) _____

3. Date established _____

4. Population of area served _____ Radius of operation _____ miles

5. Receipts (if applicable) \$ _____ Number of volunteer members _____
 Number of paid members _____

6. Have you had previous insurance for this enterprise? Yes No
 (If yes, please complete the following)

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage	Occurrence or Claims Made

7. During the past **three years**, have any claims been presented to your current or prior insurance carrier(s)? If yes, please provide description of claim, date of loss, amount(s) paid and reserved. Yes No

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? If yes, please provide full details. Yes No

9. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled or nonrenewed in the past (3) three years? If yes, please provide full details. Yes No

10. Type of service Ambulance First Responder Paramedic Alarm Monitoring
 Rescue Squad with ambulance Rescue Squad without ambulance
 Fire Dept. with ambulance Fire Dept. without ambulance
 Dispatch Service for others Other (specify) _____

