



CASUALTY RISK SOLUTIONS

# NON-EMERGENCY MEDICAL TRANSPORTATION FORM

an AVENTUM Group company

[www.consiliumbroking.com](http://www.consiliumbroking.com)

**1. Name, address and website URL of the Insured**

Name:

Address:

Website:

**2. When were you established and how many years of full operations?**

If in operation for less than 3 years, please provide funding information.

**3. What countries and states (if applicable) are you operational in? Are there any countries or states you plan on expanding into in the next 12 months?****4. Are rides scheduled or on demand or both?** Scheduled    On Demand    Both

Please provide a split of mileage if both:

**5. What percentage of trips involve riders with wheelchairs?****6. Are there any stretcher related trips?** YES    NO

What is the associated mileage for these?

**7. Are there any ambulatory trips?** YES    NO

What is the associated mileage for these?

**8. Please answer the following regarding your on-boarding of drivers**

What are your minimum Motor Vehicle Record (MVR) criteria for accepting drivers (including maximum number of minor/major Violations)?

Will all drivers that exceed the minimum MVR criteria be prevented from driving on the platform? YES      NO

What is your policy in removing poorly performing drivers?

Which provider carries out the MVR checks?

What are your indemnification rights against the provider of MVR checks?

Are these checks performed at a state and national level? STATE      NATIONAL      BOTH

How often are the MVR checks re-run?

What are the minimum driver requirements in terms of age and number of years driving experience?

Do you carry out any background and/or credit checks on the drivers? YES      NO

If so, please provide further details about these checks (e.g. Minimum criteria, Which provider carrying out the checks, indemnification rights against them, frequency of the checks).

Are there any other checks carried out beyond the above? YES      NO

**9. Are there restrictions on the following and how are these checked:**

Types of vehicles that are driven (e.g. Size, model, Value, Age).

Maximum number of passengers:

**10. Are all drivers required to provide their own vehicles** YES NO

**11. Do you have a relationship with a leasing company to enable prospective drivers to lease a vehicle to use via the platform?** YES NO

**12. Who is responsible for the maintenance of the vehicles and how often?**

What maintenance records do you require to be provided, who vets these and how often?

**13. What procedures do you have in place to monitor vehicle recalls in relation to the vehicles being used on the platform?**

**14. Do you use any GPS tracking or vehicle telematics?** YES NO

- If so, which provider?

- Are these in all vehicles? YES NO

- What data do you receive? e.g. mileage, hard breaking, speeding, distracted driving

- How do you analyse it?

- Do you use the data to remove poorly performing drivers? YES NO

If yes, please provide details on the policy & procedure.

**15. What percentage of miles driven are in urban vs non-urban areas?**

**16. What measures are you taking to reduce Distracted Driving?****17. Is there a rating system for drivers and passengers?**

YES NO

a) If so, how does this work?

b) Are poorly performing drivers removed if they fall below a certain rating?

YES NO

**18. Do the drivers assist in individuals entering or exiting the vehicle and getting to and from the vehicle from their pick-up/drop-off point?**

YES NO

**19. Are drivers required to hold any medical qualifications?**

YES NO

If yes, please provide details.

**20. Are there any cameras in the vehicle?**

YES NO

If yes, Internal or external facing or both?

Internal

External Facing

Both

**21. Are there any contracts in place with care homes/medical companies/hospitals or other medical establishments?**

YES NO

If so please provide the mileage associated with the top 3 contracts.

**22. Do other NEMT providers or ridesharing providers utilise your platform?**

YES NO

If so please provide the mileage associated with the top 3 contracts.

**23. What extreme weather protocols do you have in place?**

**24. Do you currently purchase insurance?**

YES      NO

If so, what are the coverages (e.g. Period 1/2/3, Platform only or Platform & Driver), limits, retentions, carriers and expiring premiums?

**25. Going forward, what insurance are you looking for in terms of coverage** (e.g. Period 1/2/3, Platform only or Platform & Driver), limits and retentions?**26. Please provide the following documentation:**

- Historical exposures since beginning of operations (if applicable)
- Projection for next 12 months
- Loss history since platform went operational
  - Valued in the last 3 months
  - Confirmation that loss runs attached are Ground up (gross of deductible) and uncapped
  - Including detailed narrative for any claims >\$25k incurred value
- Terms of Service
- Contractual documentation between the drivers and platform
- Contracts with care homes/medical companies/hospitals or other medical establishments
- Copy of driver on-boarding criteria and driver safety protocols (e.g. Safety Handbook)
- Copy of minimum vehicle requirements policy and vehicle maintenance policy
- TNC license/ contract with cities
- Snapshot of current GPS/ telematics capabilities

Signed:

Name:

Position:

Date:



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