

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY



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**SUPPLEMENT FOR AIRAMBULANCE OPERATORS FOR
 SPECIFIED MEDICAL PROFESSIONS PROFESSIONAL LIABILITY INSURANCE**

1. Full legal name and address of Applicant: _____

2. (a) Total number of transfers for the last 12 months: _____
 (b) Total number of transfers for the next 12 months: _____
 (c) Number of emergency transfers for the past 12 months: _____
 (d) Numbers of emergency transfers for the next 12 months: _____
3. Radius of operation: _____
4. Percentage of rotary wing operation: _____
5. Percentage of fixed wing operation: _____
6. Percentage of inter-facility (hospital to hospital) operation: _____
7. If inter-facility transfer, are signed physician orders transported on board the aircraft with the patient? [] Yes [] No
8. Name of all medical facilities (hospital, etc.) the Applicant affiliated with: _____
9. Does the Applicant have a Medical Director? [] Yes [] No. If Yes, provide the Medical Director's name:

10. Does the Medical Director serve as an attending flight physician? [] Yes [] No
11. Limits of Professional Liability Insurance the Medical Director carries: _____
12. Does the Applicant have Standing Order Protocols? [] Yes [] No. If Yes, provide who they are written by:

13. Will the Applicant's staff include Attending Flight Physicians? [] Yes [] No
14. What is the minimum limit of liability of professional liability insurance the Applicant requires Attending Flight Physicians to carry? _____
15. How does the Applicant confirm the Medical Director's and Attending Flight Physician's insurance is in place?

If coverage is to include the Medical Director or Attending Flight Physicians, complete separate the Application for Physicians, & Surgeons Professional Liability Insurance.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of my/our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by the Applicant (within 60 days of the proposed effective date).

 Name of Applicant

 Title (Officer, partner, etc.)

 Signature of Applicant

 Date