CERTIFICATE OF INSURANCE FOR AMBULANCES

State Form 785 (R3 / 8-95)

Indiana law IC 16-1-39 requires that all the following questions be completed in order to determine compliance with certification requirements. Failure to complete any item will result in the form being returned. Upon completion this form will be treated as a PUBLIC RECORD.

EMERGENCY MEDICAL SERVICES COMMISSION
302 W. Washington St., Rm. E208
Indianapolis, IN 46204

TO BE COMPLETED BY THE INSURANCE COMPANY.

Each ambulance service provider: (1) shall have in force and effect public liability insurance in the sum of not less than $300,000 combined single limit, issued by an insurance company licensed to do business in the State of Indiana (*IC 16-1-39*) (*836 IAC 1-2-3*); **or**

(2) shall be a governmental entity within the meaning of IC 34-4-16.5 (*Indiana Tort Claims Act*). Coverage must be for each and every ambulance owned and / or operated by or for the ambulance service provider. Governmental entities who are self-insured through the provisions of IC 34-4-16.5 must attach a signed letter of verification.

The subscribing insurance company certifies that insurance of the kinds and types and for limits of liability covering the ambulance(s) designated has been procured by and furnished on behalf of the insured named below.

Limits of liability apply to the following ambulance(s): (*Attach separate page if necessary*).

Name of insured				Address of the insured (*number and street, city, state, ZIP code*)			
POLICY NUMBER	**EFFECTIVE DATE**	**EXPIRATION DATE**	**LIMITS OF LIABILITY - SPECIFY EACH PERSON - EACH ACCIDENT B.I. AND P.D.**	**YEAR**	**MAKE**	**MODEL**	**VEHICLE ID NUMBER**

The subscribing company certifies that the policy described herein, and the limits of liability specified are in full force and effect at the time this certificate is completed. Notice of expiration, cancellation or reduction in limits of coverage is to be sent by the insurance company to the Emergency Medical Services Commision, 302 W. Washington St., Rm. E221, Indianapolis, IN 46204.

Failure to comply and maintain compliance with the insurance requirements of IC 16-1-39-9 may be cause for suspension or revocation of the certification issued by the Emergency Medical Services Commission, and may subject the ambulance service provider to the criminal penalties of IC 16-1-35-1.

Date signed (month, day, year)
Name of branch office
Name of insurance company
Address (number and street, city, state, ZIP code)
Telephone number
Signature of authorized representative

DISTRIBUTION: White - Submitted to EMS Commission; Canary - Retained by insurance company; Pink - Ambulance Service Provider