

**CERTIFICATE OF INSURANCE FOR EMERGENCY MEDICAL SERVICES PROVIDER ORGANIZATIONS**

EMERGENCY MEDICAL SERVICE  
 COMMISSION  
 302 W. WASHINGTON ST., RM. E239  
 INDIANAPOLIS, IN 46204

**TO BE COMPLETED BY THE INSURANCE COMPANY.**

Indiana law IC 16-31 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.

Each emergency medical services provider organization:

(1) shall have in force and effect public liability insurance in the sum of not less than \$1,000,000 combined single limit, issued by an insurance company licensed to do business in the State of Indiana (IC 16-31 (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 and emergency medical services vehicle owned and/or operated by or for the emergency medical services 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) and/or emergency medical services vehicles designated has been procured by and furnished on behalf of the insured names below.

Limits of liability apply to the following ambulance(s) and/or emergency medical services vehicles: (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 (VIN)

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 Commission, 302 W. Washington St., Rm E241, Indianapolis, IN 46204.

Failure to comply and maintain compliance without the insurance requirements of IC 16-31-3-2 may be cause for suspension revocation of the certification issued by the Emergency Medical Services Commission.

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