Georgia Department of Public Health

Addendum Schedule A

EMERGENCY MEDICAL SERVICES LICENSURE APPLICATION

GEORGIA OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA

GA-EMS 1000

INSURANCE INFORMATION

Name of Service(s):	License Number(s):	License Type:	Location(s):
1a	1b	First Responder	1c
2a	2b	Ground	2c
3a	3b	Neonatal	3c
4a	4b	Air Ambulance	4c

5 Vehicle Identification Number (s) of Vehicles (s) Insured:

1.		18.	
2.		19.	
3.		20.	
4.		21.	
5.		22.	
6.		23.	
7.		24.	
8.		25.	
9.		26.	
10.		27.	
11.		28.	
12.		29.	
13.		30.	
14.		31.	
15.		32.	
16.		33.	
17.		34.	

6 Policy Number(s):

7a Amount of Coverage: (must be equal to or in excess of $1,000,000 CSL)			**7b** Date of Effective Coverage:
Person:	**Accident:**	**Property:**	**Month/Day/Year to Month/Day/Year**

The undersigned further certifies, as an agent for the company, that the above information is true and correct and if the insurance is terminated for any reason (canceled, revoked, expired, etc.) the company or its agent will within ten (10) calendar days, provide written notice to the Department at the address listed below.

Georgia Department of Public Health
Office of Emergency Medical Services and Trauma
2600 Skyland Drive, Lower Level
Atlanta, Georgia 30319

7a Printed Name of Insurance Agent or Insurance Representative:	**7b** Insurance Company Providing Coverage:	
8a Signature of Insurance Agent or Insurance Company Representative:	**8b** Date:	**8c** Business Phone:

9 Address: Street City State Zip Code

10a Service Owner or Authorized Agent's Name	**10b** Title:
11a Service Owner or Authorized Agent's Signature	**11b** Date: