NEW MEXICO MUTUAL
COVERAGE @ WORK

Hospital EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

Completed By:	**In addition to the supplemental information, please attach the following if applicable:** • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information

Company Name:	**FEIN:**
Number of years in this industry:	**Number of years managing in this industry:**

Business Operations:
(Please Check All That Apply)

☐ Ambulance (air)	☐ Home Health Care	☐ Teaching Hospital
☐ Ambulance (ground)	☐ Hospice Care (facility)	☐ Therapy & Rehab Services
☐ Cafeteria	☐ Hospice Care (in home)	☐ Trauma Services
☐ Emergency Room	☐ Laboratory	☐ Urgent Care Center
☐ Gift Shop	☐ Mobile Medical Unit	☐ Outpatient Surgery Center
	☐ On-site Pharmacy	☐ Other: _____

Does the hospital contract its Air Ambulance service? ☐ Yes ☐ No

*** Please note: Aircraft exposure performed by hospital employees is excluded from NM Mutual's risk appetite.**

Does the hospital own aircraft(s)? ☐ Yes ☐ No

Does the flight crew consist of hospital employees? ☐ Yes ☐ No

Where is the helipad located? ☐ Above Ground Level ☐ Ground Level ☐ N/A

Does the hospital contract ground ambulance service? ☐ Yes ☐ No

Does the hospital operate an organ transplant department? ☐ Yes ☐ No

Does the hospital contract organ transport? ☐ Yes ☐ No

Are there any services performed outside of New Mexico? ☐ Yes ☐ No

If yes, please explain: _____

Does the applicant operate any medical facilities away from the hospital premises? ☐ Yes ☐ No

If yes, please explain:_____

Does the hospital operate a child care facility for employees? ☐ Yes ☐ No

Employees

Hospital Staff:

Type	Number of Employees
Clerical and Office Personnel (Administrative assistants, data entry, etc.)	
Drivers (describe type):	
Food Services, Housekeeping or Maintenance Services	
Professional (Nurses, Physicians, Technicians, Unit Management Staff, etc.)	
Other:	
Volunteers: *** Please note: Volunteer labor is no covered by NM Mutual**	

How are employees paid?
(Please Check All That Apply)

☐ W-2' S ☐ 1099's ☐ Cash ☐ Other: _____

Please identify additional subcontracted services:
(Please Check All That Apply)

☐ Franchise Restaurant ☐ Laundry Services ☐ Security

☐ Gift Shop Operations ☐ Maintenance ☐ Other:_____

If subcontractors are used, are Certificates of Insurance obtained? ☐ Yes ☐ No

*** Please note: Premiums must be paid on uninsured subcontract labor**

If certificates are not obtained, what amount of payroll should be added for uninsured contract labor?

- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____
- Class Code: _____ Payroll: _____

Please check all hiring practices utilized by the applicant:

☐ Applicant Interviews ☐ Medical Questionnaires ☐ Reference Checks

☐ Background Check ☐ New Employee Orientation ☐ Other: _____

☐ Drug Testing/Screening ☐ Post-Offer Physicals

Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No

If yes, is the program: ☐ Written ☐ Verbal

Does the safety program address/include:
(Please Check All That Apply)

☐ Accident/Injury Investigation
☐ Aggressive Patient Training
☐ Blood Borne Pathogen Protocol
☐ First Receiver Protocol/Training
☐ In-service Training
☐ Medical Waste Disposal Program
☐ Patient Handling/Lifting Training
☐ Personal Protective Equipment
☐ Progressive Disciplinary Action Plan
☐ Radiation exposure
☐ Return to Work Program
☐ Safety Committee/Safety Officer
☐ Other: _____

Does the safety training program address/include the use of:
(Please Check All That Apply)

☐ Blood Cleansing Equipment
☐ Gait Belts
☐ Hoyer Lift
☐ Medical Beds
☐ Oxygen Tanks/Regulators
☐ Stair Lifts Equipment
☐ Ventilators
☐ Wheel Chairs
☐ Other: _____

Does the applicant perform regular safety training? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Does the driving program address/include:
(Please Check All That Apply)

☐ Cell Phone Usage
☐ Impaired/Aggressive/Distracted Driving
☐ Initial and Routine MVR Checks
☐ Progressive Disciplinary Plan
☐ Mandatory Seat Belt Usage
☐ Vehicle Tracking Device

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Thank you for completing New Mexico Mutual's Underwriting EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.