

ALASKA DIVISION OF INSURANCE
Application for Air Ambulance Provider Registration

Original Renewal Amendment

Application is hereby made to the Director of Insurance for registration for an Air Ambulance Provider to offer an air ambulance membership agreement in the State of Alaska.

Mail to:
 State of Alaska
 Department of Commerce, Community, and Economic Development
 DIVISION OF INSURANCE
 550 West Seventh Avenue, Suite 1560
 Anchorage, Alaska 99501-3567
 P (907) 269-7906 • F (907) 269-7910

Part I.

Name of Applicant (if amending name, indicate former name)			
DBA, if any	State of Domicile	FEIN	
Principal Place of Business in State of Domicile			
Principal Place of Business in Alaska			
Physical Address			
Mailing Address, if different from Physical Address			
Name of Contact and Position			
Contact Mailing Address			
Phone	Fax	Email	Website
States in which applicant is authorized to offer membership agreements as an air ambulance provider			

Is the applicant a non-profit organization? Yes No

Has the applicant contracted with a third-party to service the air ambulance membership agreement?

Yes No If yes, please provide name _____

Part II. The following items must be submitted with this form.
Please check each item to indicate it is attached.

<input type="checkbox"/>	Registration: initial \$1,000 biennial fee or renewal \$200 biennial fee (per 3 AAC 31.060).
<input type="checkbox"/>	Copy of most recent Alaska Business License.
<input type="checkbox"/>	Proof of similar operations in Alaska for the preceding two years (new applicants only).
<input type="checkbox"/>	Audited or Reviewed Financial Statements for the previous two calendar years (for submissions received prior to January 1, 2017); or Audited Financial Statements for the previous two calendar years (for submissions received on or after January 1, 2017).
<input type="checkbox"/>	A certification issued to the applicant by the Alaska Department of Health and Social Services under AS 18.08.082.
<input type="checkbox"/>	A \$100,000 bond issued by an insurer admitted in the State of Alaska. This is required for applicants who have not provided satisfactory evidence that the applicant has been in operation for at least two years (3 AAC 31.620).
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	A strategic plan of operation that ensures the financial integrity of the provider. The plan needs to include the financial resources and staff needed to sustain operations for at least two years at the proposed level of service and in the proposed service area. It also needs to include a plan in the event of discontinuance of operations.
<input type="checkbox"/>	A copy of all agreements directly or indirectly associated with membership agreements including reciprocal provider agreements, aircraft lease agreements, and service contracts.
<input type="checkbox"/>	Form 08-1255 Biographical Affidavit for each officer, director, or individual acting in a fiduciary capacity.

Part III. The following statement must be signed by an officer of the applicant before a Notary Public as verification of the information submitted.

The undersigned provider, through its authorized representative, applies for Registration under AS 21.61.

I hereby certify to the best of my knowledge and under penalty of perjury that I am a senior officer of the provider; I am authorized to sign the application on behalf of the provider; I have read the application and have personal knowledge of the information provided therein; the information contained in this application and all necessary attachments forming part of the application are true and correct; and the arrangement is in compliance with AS 21.61.

The undersigned provider certifies that it will comply with all present and future laws of the State of Alaska regarding regulation of air ambulance agreements.

Full and Exact name of Air Ambulance Provider

Printed Name of Officer Signing Application and Title/Position

Officer's Signature

Date

County and State

Subscribed and sworn to or affirmed before me at _____ on _____

Witness my hand and official seal.

(Notary Seal)

Signature of Notary Public _____

My Commission Expires on _____