

MEDICAL FACILITIES - DURABLE MEDICAL EQUIPMENT SUPPLEMENTAL APPLICATION

SUBMIT WITH MEDICAL FACILITIES NEW/RENEWAL LIABILITY APPLICATION

THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.

ACCOUNT INFORMATION

1. Applicant Name			
2. Mailing Address	Street:		
	City:	State:	Zip:

EXPOSURE DETAILS

3. Percentage of sales to the public: _____ % Percentage of sales to institutions : _____ %

Item Description	Last 12 Months (Actual Receipts)	Next 12 Months (Estimated Receipts)
Expendable Items : Intended for one time usage (i.e. adhesive tape, bandages, or hypodermic needles, etc.)	\$	\$
Non-Expendable Items : Excluding diagnostic or treatment equipment or devices. This category includes, but is not limited to hospital beds, bathroom safety bars, portable toilets, patient lifts or hoists, traction apparatus, ambulatory aids such as walkers, strollers, canes, crutches, wheelchairs, prosthetic devices and IV stands, including medical and surgical instruments unless considered diagnostic or treatment, etc.	\$	\$
4. Diagnostic or Treatment Devices : This category includes oxygen and other medical gases used in conjunction with respiratory therapy (excluding ventilators), treatment devices or equipment NOT used to sustain life or perform critical life monitoring functions. Also included are blood pressure gauges, IV pumps, portable EKG machines, or sending devices	\$	\$
Life Sustaining or Critical Life Monitoring Equipment or Devices : This category includes dialysis or heart/lung machines, apnea monitors, SIDS monitors or any other life dependent monitors or any other equipment or devices that malfunction/failure or improper function of which could result in death or serious deterioration in health condition.	\$	\$

Any lease or rental of the above equipment? Yes No

If "Yes," lease/rental of equipment equals : _____ % of the above estimated receipts

5. Is the applicant named as an Additional Insured-Vendor on the manufacturer's policy for:
 ALL Products SOME Products NO Products
 If for SOME products, list those products and the Annual Receipts for each:

6. Are written instructions for the use of the products provided to the user? Yes No
 If "Yes," are the written instructions reviewed with and required to be signed off by the user? Yes No

7.	Do you modify any products in any way after their original manufacture? If "Yes," please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you repackage or relabel any items obtained from suppliers? If "Yes," please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is any equipment sold with the applicant's label? If "Yes," please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Do you maintain a written quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Do you have your own sales staff? If "Yes," are they all trained by the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Are all devices and/or equipment checked and their condition documented prior to their release?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Is preventative maintenance performed on all equipment & devices according to a written schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Do you repair or sell other people's used equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Do you distribute oxygen cylinders? Are they pre-filled or do you fill them at your premises? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance and/or Repair of Equipment – Leased or Sold		
16.	Do you subcontract labor for installation, service or repair of any products? If "Yes," describe what equipment this applies to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Please describe which types of equipment YOU perform maintenance or repairs on:	
18.	Are manufacturer recommendations followed for all maintenance and repair of equipment If "Yes," describe what equipment this applies to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are certificates of insurance obtained from those entities that provided the maintenance and repair services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	What limits of liability do you require of these maintenance and/or repair subcontractors? Additional Comments or Interests:	
Please attach a brochure and/or list of equipment and supplies handled.		

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this Supplement.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	