TDC SPECIALTY UNDERWRITERS
The Doctors Company Group

TDC Specialty Insurance Company
TDC National Assurance Company
(Stock companies owned by The Doctors Company)
(hereafter, the "Underwriter")
Servicing Address: 29 Mill Street
Unionville, CT 06085

MEDICAL FACILITIES AND PROVIDERS PHARMACY SUPPLEMENTAL 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.

1. Applicant Name (as Identified on the Medical Facilities and Providers Liability Application):

FINANCIAL AND EXPOSURE DETAILS

2. Type of Operation: _____

Number of Prescriptions	Last 12 Months	Projected for Next 12 Months
Compounding	_____	_____
Infusion	_____	_____
Remote Monitoring	_____	_____
Retail	_____	_____
Specialty	_____	_____
Mail Order	_____	_____

Annual Gross Receipts	Last 12 Months	Projected for Next 12 Months
Prescription Sales	$_____	$_____
Sundries Sales	$_____	$_____
Medical Equipment Sales	$_____	$_____
Total	$_____	$_____

OPERATIONS AND ADMINISTRATION

3. Is the Applicant a member of the Institute for Safe Medication Practices (ISMP)? ☐Yes ☐No

4. Does the Applicant provide mail order or internet pharmacy services, or accept electronic prescriptions? ☐Yes ☐No

   If "Yes," please provide details of safety controls used to assure a licensed physician has authorized prescriptions.

5. Are all prescriptions dispensed with current written instructions? ☐Yes ☐No

6. Are telephone orders only taken by a pharmacist from authorized professional staff and repeated back to the prescriber for verification? ☐Yes ☐No

7. Are pharmacists and technicians trained in the procedure for responding to a serious medication error which includes immediate disclosure to the patient and notification to the prescribing practitioner? ☐Yes ☐No

8. Are products with known look-alike drug names stored separately and not alphabetically? ☐Yes ☐No

9. Are special alerts contained in the system to address problematic or look-alike drug names, packaging or labeling? ☐Yes ☐No

10. Does the Applicant's computer system perform pediatric dose range checks? ☐Yes ☐No

11.	Does the Applicant's computer system detect drug contradictions, interactions, duplications against medical history and other prescribed drugs?	☐Yes ☐No
12.	Is the Applicant involved in bulk manufacturing or bulk compounding?	☐Yes ☐No
13.	Do you provide services to healthcare facilties? If "Yes," please explain:	☐Yes ☐No
14.	Does the Applicant dispense Schedule II Substances? If "Yes," what percentage of revenue is attributed to Schedule II Substances? _____%	☐Yes ☐No
15.	Does the Applicant participate in state Prescription Drug Monitoring Program?	☐Yes ☐No
16.	Does the Applicant have documented policies and procedures related to Schedule II Substances that is reviewed annually and shared with all staff?	☐Yes ☐No
17.	Does the Applicant conduct Schedule II Narcotic Substance Consultations and collaborate with the prescriber to ensure opioid prescriptions are for a legitimate medical purpose in the usual course of professional treatment and monitoring indicators of misuse, abuse or diversion?	☐Yes ☐No
18.	Does the Applicant have a formal program to identify and report missing Schedule II Substance to the Drug Enforcement Agency with oversight provided by the pharmacist in charge?	☐Yes ☐No
19.	Does the Applicant have policies which address early refills for Schedule II Substances?	☐Yes ☐No

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	