

**MISCELLANEOUS HEALTHCARE FACILITIES
PROGRAM**

NOTE – Coverage is not afforded by this policy to any resident, intern, physician, surgeon, dentist, psychiatrist, licensed or certified registered nurse anesthetist, nurse midwife, podiatrist or chiropractor for rendering or failure to render professional services.

Instructions to the Applicant.

- A. Please answer all the questions on this supplemental application(s). The information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
- B. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- C. The application must be signed and dated by an owner, partner, officer or director of your facility.

I. GENERAL INFORMATION

Applicant's / Entity Name: _____

II. OPERATIONS

1. Type of Equipment (check all that apply):

Category -- Name/Type of Equipment	Annual Figures		
	Projected	Current	Past Year
<input type="checkbox"/> I Expendable Items – Intended for one-time usage and disposed (i.e. adhesive tape, bandages, hypodermic needles, etc.)			
Sales	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> II Durable Medical Equipment – 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, walkers, strollers, canes, crutches, wheelchairs, and prosthetic devices and IV stands.			
Sales	\$ _____	\$ _____	\$ _____
Lease Receipts	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> III Diagnostic or Treatment Devices - Includes treatment devices or equipment not used to sustain life or perform critical life monitoring functions. This category includes items such as blood pressure gauges, I.V. pumps, portable EKG machines or sensing devices.			
Sales	\$ _____	\$ _____	\$ _____
Lease Receipts	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> IV Life sustaining or Critical Life Monitoring Equipment or Devices - This category includes oxygen and other medical gases used in conjunction with respiratory therapy, dialysis or heart/lung machines, 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 the death or serious deterioration of the patients health condition.			
Sales	\$ _____	\$ _____	\$ _____
Lease Receipts	\$ _____	\$ _____	\$ _____

2. a. Maintenance or repairs on equipment sold or leased are performed by:
- | | <u>Applicant</u> | | <u>Another Service/Company</u> | |
|---------------------------------------|--------------------------------------|----------------------------------|--|--------------------------|
| <input type="checkbox"/> Category II | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Repairs | <input type="checkbox"/> Maintenance
<input type="checkbox"/> Repairs | <input type="checkbox"/> |
| <input type="checkbox"/> Category III | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Repairs | <input type="checkbox"/> Maintenance
<input type="checkbox"/> Repairs | <input type="checkbox"/> |
| <input type="checkbox"/> Category IV | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Repairs | <input type="checkbox"/> Maintenance
<input type="checkbox"/> Repairs | <input type="checkbox"/> |
- b. If another service or company performs the maintenance or repairs, does the applicant obtain certificates of insurance from all companies performing such maintenance or repairs? Yes No
3. Are all devices/equipment checked and documented regarding condition prior to release? Yes No
4. Are written instructions for the use of the products provided to the buyer/user? Yes No
If yes, are these instructions reviewed with and required to be signed off by buyer/user? Yes No
5. Does the applicant perform, or have performed, preventive maintenance on all equipment / devices according to a written quality control program? Yes No
6. Is the applicant named as an additional insured or vendor on the manufacturer's policy for any/all products? Yes No
7. Does the applicant obtain certificates of insurance from their product suppliers? Yes No
8. a. Has the applicant ever, or currently, import products from a foreign manufacturer? Yes No
b. If yes, does the manufacturer have a U.S. location? Please attach a description of all imported products and whether there is a U.S location. Yes No
9. Does the applicant modify the product in any way from its original form? If yes, please describe modifications: _____ Yes No
10. Does the applicant do any re-packaging or re-labeling of items obtained from suppliers? Yes No
11. a. Does the applicant have its own sales staff? Yes No
b. If yes, are they trained by the manufacturer? Yes No
12. Does the applicant
a. Repair equipment of others? Yes No
b. Refurbish equipment of others? Yes No
c. Sell used or refurbished equipment of others? Yes No
If yes, to any of the above, please provide details: _____

I understand the information submitted herein becomes a part of my General Star Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)