



**SUPPLEMENTAL APPLICATION FOR
LABORATORY & IMAGING
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. Hours of operation: _____
How many shifts are maintained? _____
- 2. Type of Laboratory or Imaging Services Provided: (check all that apply)

		Annual Gross Receipts		
		Projected	Current	Past Year
<input type="checkbox"/>	Dental	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Medical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Ocular	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Pathology	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Pharmaceutical	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Quality Control	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Research	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	X-Ray / Imaging / MRI	\$ _____	\$ _____	\$ _____
<input type="checkbox"/>	Other _____ (explain below)	\$ _____	\$ _____	\$ _____

- 3. Specimen Collection

By applicant directly from patient	_____ %
By outside sources	_____ %
	<i>Must total 100%</i>

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)