



Supplement for Durable Medical Equipment Sales/Rentals
(To be completed with the General Allied Health Application)

1. Name of Applicant: _____

2. Exposure: Please complete the table below showing the exposure as requested.

NOTE: If this is a start-up business not yet in operation, please show estimated exposures for the next 12 months in each of the areas listed.

	<u>Gross Receipts from:</u>		
<u>Type of Product/Equipment</u>	<u>Sales</u>	<u>Rental</u>	<u>Installation, Service and/or Repair</u>

3. Are any of the exposures listed in the above table expected to change over the next 12 months?

Yes _____ No _____

If yes, please provide details: _____

4. Do the manufacturers or distributors of any of the above listed items:

a) Name your entity as an additional insured under their product liability policies?

Yes _____ No _____

b) Provide certificates of insurance for products liability to you?

Yes _____ No _____

c) Provide maintenance/service agreements for their product(s)?

Yes _____ No _____

d) Hold you harmless for loss arising from their products?

Yes _____ No _____

If no to any of the above, please provide details: _____

5. Are all manufacturers/suppliers well-known U.S. firms?

Yes _____ No _____

If no, provide details: _____

6. Client Base: Please complete the table below.

<u>Type of Clients</u>	<u>% of Operations</u>
Individuals using products in their own home	%
Individuals in nursing homes or similar residential facilities	%
Nursing homes or similar residential facilities	%
Clinics/Labs	%
Physicians	%
Other (please describe):	%

7. Do you install, service and/or repair the products sold and/or rented? Yes _____ No _____

If yes, provide details: _____

8. Are any products manufactured by others and sold under your entity's label?

Yes _____ No _____ If yes, provide details: _____

9. Rental Exposure: (please answer the questions below if you rent products/equipment)

a) Is a rental/lease agreement signed by customers prior to releasing any rental equipment?

Yes _____ No _____

b) Is a formal written inspection program for rental equipment conducted prior to each rental?

Yes _____ No _____

c) Are manufacturer's labels/directions/instructions provided to customers for all rentals?

Yes _____ No _____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)