

Durable Medical Equipment Short Form Questionnaire for Indication of **General Liability** Premium Only

Quote Need By Date _____

Agency Name _____

Agency Address _____

Insured Name _____

Insured Address _____

Medicare Provider Number _____

Phone _____ Email _____ Policy Inception Date _____

Limits of Insurance Needed \$ _____ Deductible \$ _____ Occurrence or Claims Made Retro-Date _____

Current Insurance Co _____ Premium \$ _____ Yrs with this Carrier _____

Have any claims/suits been made within the last five (5) years against you or are there any circumstances which may result in any claim or suit being made? Yes No

Please check below types of services provided and the % of business (**TOTAL MUST EQUAL 100%**)

Closed Pharmacy _____% Retail Pharmacy _____% Mail Order Pharmacy _____% Medical Equipment _____%
 Infusion Therapy _____%

Do you **SELL** any medical supplies and or/ equipment? Yes No Total Annual Sales: \$ _____

Do you provide pharmaceutical products? Yes No Total Annual Sales: \$ _____

Do you **RENT/LEASE** any medical supplies and/or equipment? Yes No Total Annual Lease/Rental Receipts \$ _____

Do you **REPAIR** or perform **MAINTENANCE** on any medical supplies or equipment? Yes No

1. Total Annual Repair/Maintenance Receipts \$ _____ 2. Total Annual Repair/Maintenance Payroll \$ _____

CATEGORY I. EXPENDABLE ITEMS (adhesive tape, bandages, needles, etc.) ***DON'T INCLUDE PHARMACEUTICAL SALES.***

WHAT PERCENTAGE? _____%

CATEGORY II. NON-EXPENDABLE ITEMS – Excluding diagnostic treatment equipment or devices. Category includes, but is not limited to, hospital beds, bathroom safety bars, portable toilets, patient lifts or hoists, traction apparatus, ambulatory aids (i.e. walkers, strollers, canes, crutches, wheelchairs, etc.), prosthetic devices & I.V. stands, including medical & surgical instruments unless considered diagnostic or treatment, etc.

WHAT PERCENTAGE? _____%

CATEGORY III. DIAGNOSTIC OR TREATMENT DEVICES – 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, I.V. pumps, portable EKG machines or sending devices.

WHAT PERCENTAGE? _____%

CATEGORY IV. LIFE SUSTAINING OR CRITICAL LIFE MONITORING EQUIPMENT OR DEVICES – 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/fail or improperly function of which could result in death or serious deterioration in health condition.

WHAT PERCENTAGE? _____%

Do you distribute oxygen cylinders? Yes No If yes, pre-filled or fill them at your premises.

Your Name _____ Date _____ Phone Number _____

THIS PREMIUM INDICATION IS SUBJECT TO FULL UNDERWRITING AND A COMPLETED APPLICATION.

12/2011