

Medical Device Insurance Program Application

GENERAL INFORMATION

Named Insured: _____

Doing Business As (DBA): _____

FEIN (Tax ID #): _____ Effective Date: _____

Owner(s) Name(s): _____

Business Phone Number: _____ Cell Phone Number: _____

Fax Number: _____ NAICS: _____

Insured Email Address: _____ Website: _____

Legal Entity Type:

Individual / Sole Proprietor Partnership Corporation LLC Other: _____

Description of all operations:

Mailing Address:

_____ Street _____ City/County/State/Zip

Any Additional Named Insureds? Yes No

Legal Name & Description of Operations:

Percentage of common ownership: _____ %

OPERATIONAL INFORMATION

1. How many years has your company been in business? # _____ If new venture, how many years of experience? # _____

2. Total number of employees? _____ Full Time # _____ Part Time # _____ Total number of owners? # _____

3. Total number of 1099 individuals who only work for your company # _____

Please break out all the individuals below who perform service, repair, install / de-install of medical equipment or devices.

4. Total number of repair techs # _____ Total annual repair tech payroll \$ _____

5. Total number of 1099 individual repair techs who only work for your company # _____ Total annual costs \$ _____

6. Total number of owner repair techs # _____ Total owner repair tech payroll \$ _____

7. Please break out your client profile (clients you sell or service medical equipment for – must add up to 100%)

Hospitals: _____ % Dr. Offices / Surgery Centers / Clinics: _____ % Industrial: _____ % Other: _____ %

PLEASE LIST ALL INDUSTRIAL & OTHER: _____

8. Any FDA Registration? If so, please provide registration # _____ Yes No

9. Any recalled products or warning letters during the last 3 years? Yes No

10. Any active clinical trials? Yes No

If so, please forward Protocol & Informed Consent Form.

11. Any discontinued products? Yes No

12. Any new products scheduled for the next 12 months? Yes No

13. Has your company had its insurance cancelled or non-renewed for any reason during the last 5 years? Yes No

(Not applicable for Missouri-based insureds)

14. Has your company had any General Liability losses or insurance claims during the past 5 years? Yes No
15. Are there any claims or claim reserves outstanding? Yes No
16. Have you ever been sued or named in a lawsuit? Yes No

Please provide details on any "Yes" answers for questions 9-16:

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17. Do you change out the OEM (original equipment manufacturer) components? Yes No
18. Do you adhere to the OEM (original equipment manufacturer) specifications, or a variation of the same? Yes No
19. Is there a significant amount of repairing and other rebuilding services performed? Yes No

If yes, please explain: _____

20. How do you maintain a record of what service was performed? _____

21. Do you perform cosmetic refurbishing? Yes No

If so, do you perform the refurbishing yourself , contract it out , or both ?

22. Do you repair or replace the parts? Yes No

If so, do you repair or replace the parts yourself , contract it out , or both ?

23. If you outsource any work, do you always obtain certificates of insurance? Yes No

24. Does your company resell equipment that you refurbished in house or subcontracted? Yes No

25. Do you replace the OEM name on the device with your own? Yes No

Do you sell, repair, or rent home medical equipment to the end user? Yes No

If so, please explain: _____

26. Does your company demonstrate the use of the device you sell or service? Yes No

27. Do your employees assist in the application of a medical device on a patient? Yes No

28. What training / consulting does your company offer to the end user? _____

29. Do you import any foreign products directly from any foreign countries? Yes No

If so, please list any imported products and the countries you directly import from: _____

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30. Do you manufacture or assemble any products? Yes No

If so, please list ALL products that your company assembles / manufactures _____

31. Does your company perform any rigging operations OR hire any subs to perform any rigging operations? Yes No

If you subcontract the rigging, do you obtain certificates of insurance? Yes No

32. Do you Subcontract ANY work to any other companies for any reason?

If yes, total dollar amount of what you pay ALL subs on an annual basis that which you obtain certificates from \$ _____

If yes, total dollar amount of what you pay ALL subs on an annual basis that you DO NOT obtain certificates for \$ _____

Service / Repair Deliver of equipment Install / De-install equipment Other: _____

Do you require the following from subcontractors?

- A. Certificates of Insurance with limits of \$1M or greater? Yes No

- B. Additional Insured Status? Yes No

- C. A written contract with a hold harmless agreement? Yes No

Note: If you are utilizing subcontractors that do not have insurance you may not qualify for this program.

33. **Names of manufacturers whose products you sell or who you represent:

34. Any sales, service, repair, or distribution of Olympus Flexible Endoscope Model #TJF-Q180V that has not been retro-fitted by the manufacturer FDA guidelines? Yes No
35. Any sterilization operations directly performed by the insured for patient use? Yes No
36. Any radioactive materials that are ingested, implanted, inhaled, or enteric? Yes No
37. Products that are ingestible, inhalable, implantable and/or enteric? Yes No
38. Latex gloves or other products? Yes No
If so, % overall sales? _____

39. Please check off ALL of the following equipment that your company either repairs, services / PM, sells, installs / de-installs or inspects (if not already listed, please list below in other. Must total up to 100%):

TYPE I EQUIPMENT

- Analytical equipment
- Catheterization laboratories
- Computers
- CT scanners
- Diathermy equipment
- Electrosurgical equipment
- Film processors
- General purpose radiographic equipment
- Laboratory equipment
- Medical gas inspection & certification
- Medical gas install / de-install
- MRI scanners

TOTAL PERCENTAGE OF TYPE I EQUIPMENT _____ %

- Nuclear medicine units
- Sterilizers, washers
- Surgical instruments
- Surgical lasers
- Surgical lights
- Surgical tables / exam tables
- Telemetry equipment / patient monitors
- Ultrasound equipment
- Veterinary equipment
- Transcutaneous electrical nerve stimulation equipment (TENS)

TYPE II EQUIPMENT

- Anesthesia
- Endoscopes
- Ventilators
- Neonatal Incubators, Warmers
- Ophthalmic Lasers
- External Defibrillators

TOTAL PERCENTAGE OF TYPE II EQUIPMENT _____ %

- Dialysis
- Foreign Products
- Linear Accelerators
- Hospital Beds
- Therapeutic Ultrasound

TYPE III EQUIPMENT

- Cardiopulmonary Bypass Equipment
- Internal Defibrillators
- Therapeutic X-ray
- Therapeutic Ultrasound

TOTAL PERCENTAGE OF TYPE III EQUIPMENT _____ %

- Cobalt Therapy Units
- Pacemakers
- Ventricular Assist Devices (internal parts)

Other types of equipment or business operations not addressed above (please list below all other types of equipment you service or sell or attach a separate list): _____

TOTAL PERCENTAGE OF ALL OTHER TYPE EQUIPMENT _____ %

40. Please list current and previous liability carriers.

CHECK HERE IF YOU HAVE NOT CARRIED GENERAL LIABILITY IN THE LAST 5 YEARS

Insurance Company	Premium	Expiration Date	Includes Products?
Current _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 2 _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 3 _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year 4 _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

41. New Business Only: If you have a claims made policy, what is the retro date? _____

42. Desired Limit of Liability: 1 Million Each Occurrence / 2 Million Aggregate
1 Million Each Occurrence / 3 Million Aggregate

GROSS RECEIPTS INFORMATION

43. Last Year's Total Gross Receipts

	US & Canada	Foreign Sales
	\$ _____	\$ _____

44. PROJECTED Gross Receipts

*Please breakout what you "estimate" / project NEXT YEARS gross receipts are going to be in categories A-N below. Your renewal premium is based on your estimated projections with potential impact on audit results if your policy is audited.

	US & Canada	Foreign Sales
A. Repair, component parts & consulting	\$ _____	\$ _____
B. Sale of component parts (<u>NOT PART OF REPAIR</u>)	\$ _____	\$ _____
C. Maintenance contracts / Preventative Maintenance contracts	\$ _____	\$ _____
D. Install / De-Installation of medical equipment or devices	\$ _____	\$ _____
E. Sale of Used / Refurbished Equipment	\$ _____	\$ _____
F. Sale of New Equipment	\$ _____	\$ _____
G. Sale of Disposables (one time use)	\$ _____	\$ _____
H. Income from short term rental of equipment or devices	\$ _____	\$ _____
I. Income from long term rental of equipment or devices	\$ _____	\$ _____
J. Distributors (title & possession of equipment <u>TAKEN</u> – TOTAL GROSS SALES)	\$ _____	\$ _____
K. Manufacturers Rep (title & possession of equipment <u>NOT</u> taken – COMMISSION ONLY)	\$ _____	\$ _____
L. Training / Certification School (Students you train or certify for a fee) # of students you train: _____		

M. Veterinary Equipment – gross sales of all products NOT INCLUDING REPAIR	\$ _____	\$ _____
N. Manufacturing of medical equipment / devices – Gross Sales	\$ _____	\$ _____
Total Upcoming policy period projected gross receipts	\$ _____	\$ _____
TOTAL US, CANADA AND FOREIGN UPCOMING PROJECTED GROSS RECEIPTS	\$ _____	\$ _____

OPTIONAL COVERAGES

- Commercial Property** – please provide a complete ACORD 140
- Excess Liability / Umbrella** – please provide a complete ACORD 131
- Employment Practices Liability** – See Below Questionnaire
- Crime Insurance** – please provide a complete ACORD 141
- Commercial Auto** – please provide a complete ACORD 127

Employment Practices Liability Insurance Application

Do you currently have EPLI Coverage? Yes No

Notice: The Employment Practices Liability Coverage Endorsement provides claims made coverage, which applies only to claims first made and reported during the policy period or any applicable extended reporting period. The limit of liability to pay judgements or settlements will be reduced and may be exhausted by amounts incurred for defense costs. Amounts incurred for defense costs will be applied against the deductible amount. In no event will the company be liable for defense costs or the amount of any judgement or settlement in excess of the applicable limit of liability.

Please read the entire Employment Practices Liability Coverage Endorsement carefully to determine rights, duties and what is and is not covered.

Coverage is not available in California. Coverage in Hawaii is only available for Businessowners (BOP) product.

- Number of full-time employees and recognized volunteers: _____
 Number of part-time employees and recognized volunteers: _____
 (Employees / recognized volunteers other than full-time are to be counted as one-half an employee / recognized volunteer.)

2. Check the following boxes to identify your desired limit of insurance and deductible:

Aggregate Limit of Liability	Vermont – Aggregate Limit of Liability Defense / Indemnity	Per Claim Deductible
<input type="checkbox"/> \$25,000 N/A Arkansas, Montana, and New Mexico	<input type="checkbox"/> \$25,000 / \$25,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/> \$50,000 N/A Arkansas, Montana, and New Mexico	<input type="checkbox"/> \$37,500 / \$37,500	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000
<input type="checkbox"/> \$75,000 N/A Arkansas, Montana, and New Mexico	<input type="checkbox"/> \$50,000 / \$50,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 VT only
<input type="checkbox"/> \$100,000 This is the minimum limit requirement in Minnesota, New Hampshire, New York, and North Dakota. N/A Arkansas, Montana, and New Mexico	<input type="checkbox"/> \$125,000 / \$125,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 VT only
<input type="checkbox"/> \$250,000 This is the maximum limit available for Businessowners Coverage risks. N/A Arkansas, Montana, and New Mexico	<input type="checkbox"/> \$250,000 / \$250,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> \$500,000 This is the minimum limit requirement in Arkansas and New Mexico	<input type="checkbox"/> \$500,000 / \$500,000	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000
<input type="checkbox"/> \$1,000,000 This is the minimum limit requirement in Montana.	Not applicable in VT	<input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000

3. Desired effective date: _____ Employment Practices Liability Retroactive Date: _____
4. Have there been any Employment Practices Liability claims, suits, or complaints and / or is there any now pending against the insured or any executive, officer, or owner? Yes No
If yes, please provide details: _____
5. Does the insured and any executive, officer, or owner have any knowledge or information of any act, error, or omission which might give rise to an Employment Practices Liability claim, suit, or complaint? Yes No
If yes, please provide details: _____

Answer the following questions if you are requesting a Limit of Liability of \$250,000 or greater; Vermont \$125,000 / \$125,000 or greater. (Not applicable to Businessowners Coverage risks.)

6. Has the insured been in continuous business with no bankruptcy filing for three (3) years or more? Yes No
7. Are all job applicants required to complete and sign an employment application? Yes No
8. Does the insured utilize an employment handbook, website or written employment materials (such as anti-harassment or anti-discrimination policies) to advise employees of their rights to work free of harassment and discrimination in the workplace? Yes No
9. Does the insured require employees to undergo training concerning harassment and discrimination? Yes No
10. In the past 12 months and the coming 12 months combined, has there been or does the insured expect any layoffs or reductions in work force totaling more than 15% of the total employee count? Yes No

FRAUD STATEMENTS

FAIR CREDIT REPORT ACT NOTICE

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. The insurer may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

GENERAL STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in AL, AR, AZ, CA, CO, DC, FL, ID, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV) (insurance benefits may also be denied in LA, ME, TN, and VA.) **If you are located in one of these states, please take time to review the appropriate warning prior to submitting your application.**

ALABAMA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

- IDAHO:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
- KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- LOUISIANA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- MAINE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
- MARYLAND:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- NEW JERSEY:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- OKLAHOMA:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.
- OREGON:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime and subjects such person to criminal and civil penalties.
- RHODE ISLAND:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- TENNESSEE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- VERMONT:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.
- VIRGINIA:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- WASHINGTON:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
- WEST VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Representation Statement

The undersigned authorized officer, owner or manager of the Applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on this application changes between the date of this Application and the effective date of the insurance, he / she (undersigned) will, for the information to be accurate on the effective date of the insurance, immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and / or authorizations or agreements to bind the insurance.

Signing of this application does not bind the applicant or the insurer to complete the insurance, but it is agreed that this application shall be the basis of the contract should a policy be issued, and the application is deemed to be attached to and shall become a part of the policy.

NOTE: Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's Name (Print): _____ Title: _____

Signature: _____ Date: _____
(Must be signed by Officer, Owner, or Manager)

Agent's signature: _____ Date: _____
(Florida only) Agent license number: _____