

Professional Liability
 Brokers & Consultants, Inc.
 175 E. Hawthorn Parkway, #310
 Vernon Hills, IL 60061

MEDICAL PRODUCTS SALES OR EQUIPMENT RENTAL SUPPLEMENTAL APPLICATION

A. LIST EACH PRODUCT OR EQUIPMENT LINE INDIVIDUALLY and provide receipts for each. Attach COPY OF YOUR PRODUCTS / EQUIPMENT BROCHURES.

DESCRIBE PRODUCT / EQUIPMENT LINE	ANNUAL RECEIPTS	
	From Rental	From Sales
1.		
2.		
3.		
4.		
5.		

B. Describe clients applicant sells / rents to, and % each:

% Individuals using products in their home	% Individuals in nursing homes*
% Nursing Homes or similar residential facilities*	% Hospitals*
% Clinics / Labs*	% Physicians*
% Other*, Describe	

* If other than individuals in their home, is there a financial / ownership relationship between applicant and client or facility?
 Yes No If Yes, explain

C. Who does the servicing and repair of the products?
 Who does the servicing and repair of rental equipment?

D. Are any products manufactured by others and sold under your entity's label?
 If yes, which products? Yes No

E. Are any additional products planned in the next twelve months?
 If yes, include them under A. and estimate the receipts in the next 12 months. Yes No

F. How are products marketed? (attach ad copy or brochures)

G. Is a rental/lease agreement signed by customers prior to releasing any rental equipment?
 If yes, please ENCLOSE A COPY OF THE RENTAL AGREEMENT. Yes No

H. Is formal written inspection program for rental equipment conducted prior to each rental? Yes No

I. Are manufacturer's labels/directions/instructions provided to customers for all rentals? Yes No

J. Do the MANUFACTURERS or distributors of any of the above listed items:

1) Name your entity as an additional insured under their products liability policies	Yes	No
2) Provide Certificates of Insurance for Products Liability to you?	Yes	No
3) Provide maintenance/service agreements for their product(s)?	Yes	No
4) Hold you harmless for loss arising from their products?	Yes	No

If the answer is yes for some products, please specify which product line and which answers:

K. Are all manufacturers / suppliers well known U. S. firms? Yes No If No, give details of which are not, and any foreign products.

L. If sales of MEDICINES OR DRUGS are made by applicant, is a licensed pharmacist employed or contracted?
 Yes No If, yes indicate number... Employed (W-2) Contracted (1099)
 Does pharmacist carry his/her own professional liability insurance? Yes (Limits) No

Date _____ Signature _____ Title _____

NOTICE

THIS POLICY (IF ISSUED) IS ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.