



SUPPLEMENTAL APPLICATION

**DURABLE MEDICAL EQUIPMENT
MISCELLANEOUS HEALTHCARE FACILITIES**

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION

1	Applicant Name:
	Entity Name

II. TYPES OF PROCEDURES

2.	Type of Equipment (check all that apply):			
	<u>Category - Name/Type of Equipment</u>	Projected Year	First Past Year	Second Past Year
	a. Expendable Items – Intended for one-time use and disposal (i.e. adhesive tape, bandages, hypodermic needles, etc.)	Sales		
	B. Durable Medical Equipment – Non-expendable items excluding diagnostic or treatment equipment or devices. This category includes, but is not limited to hospital beds, bathroom safety bars, portable toilets, patient lifts or hoists, traction apparatus, ambulatory aids, walkers, strollers, canes, crutches, wheelchairs, and prosthetic devices and IV stands.	Sale Lease Receipt		
	C. Diagnostic or Treatment Devices – Includes treatment devices or equipment not used to sustain life or perform critical life monitoring functions. This category includes items such as blood pressure gauges, I.V. pumps, portable EKG machines or sensing devices.	Sale Lease Receipt		
	D. Life sustaining or Critical Life Monitoring Equipment or Devices - This category includes oxygen and other medical gases used in conjunction with respiratory therapy, dialysis or heart/lung machines, SIDS monitors or any other life dependent monitors or any other equipment or devices that malfunction, failure or improper function of which, could result in the death or serious deterioration of the patients health condition.	Sale Lease Receipt		
3.	If another service company performs the maintenance or repairs, do you obtain certificates of insurance from all companies performing maintenance and repairs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	Are all devices/equipment checked and documented regarding condition prior to release?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	Are written instructions for the use of the products provided to the buyer/user? If yes, are these instructions reviewed with and required to be signed off by buyer/user?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	Do you perform, or you have performed, preventive maintenance on all equipment / devices according to a written quality control program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	Are you named as an additional insured or vendor on the manufacturer's policy for any/all products?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

8.	Do you obtain certificates of insurance from their product suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you ever, or do you currently: a. Obtain products from a foreign manufacturer? b. If yes, does the manufacturer have a U.S. location? c. Please attach a description of all imported products if any:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you modify the product in any way from its original form? If yes, please describe modifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Do you do any re-packaging or re-labeling of items obtained from suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you have your own sales staff? If yes, are they trained by the manufacturer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you: a. Repair equipment of others? b. Refurbish equipment of others? c. Sell used or refurbished equipment? If yes, to any of the above, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>I understand the information submitted herein becomes a part of my General Star Insurance Application and is subject to the same warranty and conditions.</p> <p>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.</p>		
Signature of Owner, Officer or Partner:		Date:
Print or Type Name and Title:		