

How many Fire Extinguishers are on the premises? _____

Safe (describe): _____

Indicate the desired property deductible: \$500 \$1000 \$2500 \$5000 Other: _____

Are there additional locations? Yes No

CGL Limits of Insurance

Each Occurrence/General Aggregate: \$500,000/\$500,000 \$500,000/\$1 million \$1 million/\$1 million
 \$1 million/\$2 million \$1 million/\$3 million

Medical Equipment Services & Receipts

Total estimated receipts for the next 12 months: \$ _____

	Home Use		Hospital Use		Receipts Non-Disposable Items _____ %
	Yes	No	Yes	No	
Rental Receipts					_____ %
Sales-Retail					_____ %

Product Information

Description	Do you carry this item?		# Carried _____	Do you repair this item?		Install this item?	
	Yes	No		Yes	No	Yes	No
Apnea Monitors			_____	Yes	No		
Arterial Pressure Monitors			_____	Yes**	No		
Anesthesia Equipment			_____	Yes	No		
Blood Gas Analyzing Equipment			_____	Yes***	No		
Cardiac Out-put Machine			_____	Yes	No		
Defibrillators			_____	Yes	No		
Grab Bars			_____	Yes	No	Yes	No
Intensive Care Incubators			_____	Yes**	No		
Laser Equipment			_____	Yes**	No		
Life Function Monitoring			_____	Yes**	No		
Medical Gas Piping System			_____	Yes	No	Yes	No
Oxygen Cylinders			_____	Yes	No		
Oxygen Analyzers			_____	Yes**	No		
If yes, are these used only to check your own oxygen concentrators?				Yes	No		
Oxygen Concentrators			_____	Yes	No		
Oxygen Control Valves & Regulators			_____	Yes	No		
Pacemakers			_____	Yes**	No		
PPB Machines			_____	Yes	No		
Resuscitators			_____	Yes	No		
Small Volume Nebulizers			_____	Yes	No		
Stair Lifts			_____	Yes**	No	Yes	No
Transcutaneous Nerve Stimulators (tens units)			_____	Yes	No		
Ventilators-Life Support			_____	Yes**	No		

Vehicle Hand Controls	Yes	No	_____	Yes	No	Yes	No
Wheel Chairs	Yes	No	_____	Yes**	No		
Wheel Chair Lifts	Yes	No	_____	Yes	No	Yes	No
X-Ray Equipment	Yes	No	_____	Yes**	No		

**FOR THESE ITEMS PLEASE PROVIDE DETAILS OF ALL REPAIRS PERFORMED BY YOU OR SUBCONTRACTORS

Are you certified by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)? Yes No

Are you an authorized repair facility for any manufacturer? Yes No

If yes, for what equipment? _____

Do you now offer any of the following services, or have plans to do so in the future?

Service/repairing life support equipment including anesthesia ventilators, life function monitors, defibrillators, or testing equipment or simulators for this equipment? Yes No

If yes, please explain: _____

Installation of medical gas piping or regulators relating to piping installation? Yes No

If yes, please explain: _____

Do you provide compressed medical gases to your customers? Yes No

If yes, what gases? _____

Do you provide chemotherapy drugs or equipment? Yes No

Installations & Repairs

Do you install, service or repair vertical lifts, stair lifts or wheelchair lifts? Yes No

Do you install, service or repair motor vehicle hand controls? Yes No

Do you set up ventilators in customers' homes? Yes No

Do you install, service or repair any other medical device used for therapy, support, or assistance that attaches to a vehicle, to a wall, floor, or ceiling? Yes No

Do you install grab bars? Yes No

Prior Insurance Record

Coverage: General Liability Policy Term: _____ Insurance Company: _____

Policy Number: _____ Limit of Liability: _____ Premium: _____

Claims Made Retro Date: _____

Prior Loss Information for CGI, Professional Liability, & Property

Date of Occurrence: _____ Date of Claim: _____ Claim Status: Open Closed

Type of Claim & Description of Occurrence: _____

Amount Paid: _____ Amount Reserved: _____

Date of Occurrence: _____ Date of Claim: _____ Claim Status: Open Closed

Type of Claim & Description of Occurrence: _____

Application Signatures & State Fraud Statements (continued)

APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT

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.

APPLICABLE IN UTAH - UTAH FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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 civil penalties.

APPLICABLE IN VERMONT - VERMONT FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

APPLICABLE IN VIRGINIA - VIRGINIA FRAUD STATEMENT

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.

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 CIVIL PENALTIES.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

COMPLETION OF THIS APPLICATION DOES NOT BIND COVERAGE.

Insured's Signature _____ Date: _____

Name and title (please print): _____

Insurance Agent's Signature _____ Date: _____