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## Application For

## Medical Equipment (DME) Sales/Rental/Lease Liability

Interest Interest Check if SAME as above.  StateZip mation.	2. D 3. P N N N 4. L S 5. P	pplicant's Web Site Add ate Established  Other (Please explain. lease provide full names ame ame ocation of premises/oper treet Address ity	ress and Type of Orgonia information	ganization  Individual Individual Individual Individual Individual Interest	al Partners	Ship Corporation  Ontinue on Attachment to A17.)
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State	4. Lo Si C 5. Pi	ocation of premises/oper treet Address ity lease provide the followi	rations.	if SAME as above.  State		
mation. Check if no prior insurance.  Type of Coverage Occurrence or Claims Made  nave any claims been presented to your current or prior the provide description of claim(s), date of loss, amount(s) of A17.)  on for whom insurance is being requested, aware of any on a claim? (If yes, please provide full details on Attachment to A17.)  on – If applicant uses certified professionals, please state number by category.  Employed  Contracted	5. PI	lease provide the followi	ng information.	State _		Zip
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Employed Contracted	pa 7. Is	aid and reserved on Attac the applicant, or any oth	hment to A17.) her person for whom	n insurance is being req	uested, aware	of any Yes 🗍
	8. <b>P</b> r	rofessional Liability Inf	formation – If applic	cant uses certified profe	essionals, pleas	e state number by category.
			Emplo	oyed Cont	racted	
	Re	espiratory Therapist				
	Νί	urses			· ·	
	Or	thotist	· · · · · · · · · · · · · · · · · · ·	-		
	Pr	osthetist				
	Ot	her	<u></u>			
	De	escription	'			•
	Ni Or Pr Ot	urses thotist osthetist her		Therapist	Therapist	Therapist

	Do you carry?	Rent or Sales	Do you install?
Apnea Monitors	Yes No	Rent Sales	☐ Yes ☐ No
Arterial Pressure Monitors	Yes No	Rent Sales	☐ Yes ☐ No
Anesthesia Equipment	Yes No	Rent Sales	☐ Yes ☐ No
Blood Gas Analyzing Equipment	Yes No	Rent Sales	Yes No
Bi-Paps	Yes No	Rent Sales	Yes No
C-Paps	☐ Yes ☐ No	Rent Sales	Yes No
Cardiac Output Machine	Yes No	Rent Sales	Yes No
Diabetic Equipment (Please attach list.)	☐ Yes ☐ No	Rent Sales	Yes No
Defibrillators	☐ Yes ☐ No	Rent Sales	☐ Yes ☐ No
Dialysis Equipment	Yes No	Rent Sales	Yes No
Grab Bars	Yes No	Rent Sales	Yes No
IPPB (Intermittent Positive Pressure Breathing)	Yes No	Rent Sales	Yes No
Infusion Therapy Equipment	Yes No	Rent Sales	Yes No
If yes, please list:		· · · · · · · · · · · · · · · · · · ·	
Infusion Therapy Services Provided Yes	☐ No		
If yes, please list:			
If yes, where done? Patient's Home	<u> </u>	me/Assisted Living	
Intensive Care Incubators	Yes No	☐ Rent ☐ Sales	Yes No
Laser Equipment	Yes No	Rent Sales	Yes No
Life Function Monitoring	Yes No	Rent Sales	Yes No
Medical Gas Piping System Oxygen Equipment	Yes No	Rent Sales	∐ Yes ☐ No
Sub-contracted? Yes No	Yes No	Rent Sales ndard suppliers procedures	Yes No
Pace Makers	Yes No	Rent Sales	Yes No
Resuscitators	☐ Yes ☐ No	Rent Sales	Yes No
Small Volume Nebulizers	Yes No	Rent Sales	Yes No
Stair Lifts	Yes No	Rent Sales	Yes No
Transcutaneous Nerve Stimulators	Yes No	Rent Sales	Yes No
Ventilators – Life Support	Yes No	Rent Sales	Yes No
Vertical (Hoyer) Lifts	Yes No	Rent Sales	☐ Yes ☐ No
Wheel Chairs – Standard	Yes No	Rent Sales	Yes No
Wheel Chairs – Power	☐ Yes ☐ No	Rent Sales	☐ Yes ☐ No
Wheel Chairs - Lifts	Yes No	Rent Sales	☐ Yes ☐ No
Motorized/Electrical Scooters	☐ Yes ☐ No	Rent Sales	☐ Yes ☐ No
X-Ray Equipment	Yes No	Rent Sales	☐ Yes ☐ No
Other (Specify – please attach listing.)	Yes No	Rent Sales	Yes No
Chemotherapy	Licensed/Cert	ified Employed	Sub-Contractor <sup>(1)</sup>
Prepare Drugs  Yes  No		No ☐ Yes ☐ No	
* If yes, please explain License/Certification		No res No	Yes No
Administer Drugs  Yes  No	☐ Yes* ☐	No Yes No	Yes No
* If yes, please explain License/Certification			
Training for Use of Equipment  Yes	No Yes	No Yes No	☐ Yes ☐ No
(1) If sub-contracted, are Certificates of Insurance	required? Yes N		
Closed Pharmacy (ONLY) - Not open to the			
		· ·	
		(C)	
<ol> <li>Do manufacturers name you as Vendor/Addition (If yes, please attach Certificate of Insurance.)</li> </ol>	onal Insured?		Yes No
12. What foreign-made products are sold? (Specify	v – attach listing.)		
13. Any sales of used equipment?   Yes   N	lo Gross sales: \$	·	
14. Describe any sales outside the U.S. on Attachi		1	

10. **Product Information** – Check-off items being sold, rented or leased.

15. F	Please provide the following information	on.		
			77.711741	Certificate of
	Additional Insureds	Interests		Insurance Required?
.	10.4.4.1			Yes No
				Yes No
Ĺ				Yes No
16. L	imits OF INSURANCE REQUESTED	:	•	
(	General Aggregate Limit (Other Than I	Products – Completed Operation	s) \$	
	Products – Completed Operations Agg	•	\$	
	Personal and Advertising Injury Limit	, -9	\$	
	Each Occurrence Limit		\$	<del></del>
	Damage to Premises Rented by You (I	Up To \$50.000 Limit Available)	\$	Any One (1) Premises
	Medical Expense Limit (Up To \$5,000		\$	Any One (1) Person
	ach Professional Incident Limit (If Ap	•	\$	
	remises Exposure:	,		
	•	ACV/RC	Co	Ins
C	BuildingContents	ACV/RC	Co.	Ins
	susiness Income			
C	construction of Building?			Age of Building?
S	prinklered? Yes No Al	armed?  Yes  No	<i>"</i> 011 10010.	
Р	rotection Class 1-8	Protection Class 9&10		Area (Sq. Ft.)
18. E	ffective Dates Desired – From:		To:	
F fo m	RAUD NOTICE: Any person who knowing insurance or statement of claim controlling any information concerning any indicates such person to criminal and subjets such person to criminal and	aining any materially false informa fact or material thereto commits a	tion or conce	als for the purposes of
F fo m a	or insurance or statement of claim cont hisleading, information concerning any nd subjets such person to criminal and	aining any materially false informa fact or material thereto commits a l civil penalties.	ition or conce fraudulent in	als for the purposes of surance act, which is a crime
F fo m an	or insurance or statement of claim cont isleading, information concerning any	aining any materially false informa fact or material thereto commits a I civil penalties.	tion or conce fraudulent in Date	als for the purposes of surance act, which is a crime
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