

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? r Yes r 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? r Yes r No
 If yes, which products? _____

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

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? r Yes r No
 If yes, please ENCLOSE A COPY OF THE RENTAL AGREEMENT.

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

I. Are manufacturer's labels/directions/instructions provided to customers for all rentals? r Yes r 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	r Yes r No
2) Provide Certificates of Insurance for Products Liability to you?	r Yes r No
3) Provide maintenance/service agreements for their product(s)?	r Yes r No
4) Hold you harmless for loss arising from their products?	r Yes r 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 ? r Yes r 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? r Yes r No

If, yes indicate number... _____ Employed (W-2) _____ Contracted (1099)
 Does pharmacist carry his/her own professional liability insurance? r Yes (Limits _____) r No

 Date

 Signature

 Title