

Application

PHARMACISTS PI

FL- 136 PHARMA PI



NOTICE: --THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

2. APPLICANT'S ADDRESS: _____

3. WHEN WAS THE APPLICANT'S BUSINESS ESTABLISHED? _____

4. A. TOTAL NUMBER OF LICENSED PHARMACISTS AND STAFF:

- A) LICENSED PHARMACISTS
- B) ASSISTANTS & TRAINEES
- C) OTHER

B. PLEASE GIVE BELOW THE FULL NAME OF EACH PHARMACIST, WHEN QUALIFIED AND HOW LONG PRACTICING IN THE FIRM?

NAME	EDUCATION	WHEN QUALIFIED	HOW LONG IN FIRM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. A) LIMITS OF LIABILITY REQUESTED:

100/300	1 MIL/1MIL
250/500	1MIL/2MIL
500/500	1MIL/3MIL

B) DEDUCTIBLE REQUESTED: (includes claims expenses)

1,000	5,000
2,500	10,000

5. HAS ANY APPLICATION FOR INSURANCE OF THIS NATURE MADE ON BEHALF OF THE FIRM OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT PHARMACISTS EVER BEEN DECLINED OR HAS ANY SUCH INSURANCE EVER BEEN CANCELLED OR RENEWAL REFUSED OR HAVE SPECIAL TERMS BEEN IMPOSED?
YES [] NO []

6. HAVE ANY CLAIMS EVER BEEN MADE AGAINST THE FIRM OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR FORMER PHARMACISTS?
YES [] NO []
If "YES", give full particulars: _____

7. AFTER INQUIRY, ARE ANY OF THE PHARMACISTS AWARE OF ANY CIRCUMSTANCES WHICH MAY RESULT IN A CLAIM AGAINST THE FIRM OR THEIR PREDECESSORS IN BUSINESS OR ANY OF THE PRESENT OR FORMER PHARMACISTS?
YES [] NO []
If "YES", give full particulars: _____

8. ARE STUDENT PHARMACISTS UNDER THE SUPERVISION OF A LICENSED REGISTERED PHARMACIST? YES [] NO []

9. DO DOCTORS USE THE TELEPHONE TO CALL IN PRESCRIPTIONS? YES [] NO []

10. DO PHARMACISTS EVER SUBSTITUTE A COUNTERPART GENERIC DRUG FOR A BRAND NAME DRUG? YES [] NO []
If "YES", give full particulars: _____

11. DOES THE INSURED SELL ANY PRODUCTS UNDER HIS PRIVATE LABEL? YES [] NO [] If "YES", give full particulars: _____

12. DOES THE COMPANY RENT EQUIPMENT SUCH AS WHEELCHAIRS, BRACES, CRUTCHES, ETC.? YES [] NO [] If "YES", give full particulars: _____

13. WHAT ARE THE REGULAR BUSINESS HOURS OF THE FIRM? _____

14. SECURITY:

A) ARE ALL PRESCRIPTION DRUGS KEPT IN A SECURELY LOCKED AREA? YES [] NO [] . Give details: _____

B) ARE SECURITY GUARDS EMPLOYED: YES [] NO []

15. IS THE FIRM A MEMBER OF ANY PROFESSIONAL PHARMACEUTICAL ORGANIZATION? YES [] NO []

If "YES", give full particulars: _____

16. IS THERE CURRENTLY AN INSURANCE POLICY IN FORCE FOR THIS TYPE OF INSURANCE? YES [] NO []

A) WHEN DOES THE CURRENT POLICY EXPIRE? _____

B) WHAT ARE THE CURRENT LIMITS? _____

C) WHAT IS THE CURRENT DEDUCTIBLE? _____

D) WHO IS THE CURRENT INSURANCE CARRIER? _____

17. A) WHAT LIMITS OF INDEMNITY DO YOU REQUIRE QUOTATION FOR: _____

B) WHAT DEDUCTIBLE ARE YOU PREPARED TO CARRY? _____

18. ARE THERE ANY OTHER PARTICULARS WHICH YOU FEEL MIGHT INTEREST THE UNDERWRITERS? If so, please state below: _____

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO FRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

I/WE DECLARE THT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND I/WE AGREE THAT THIS APPLICATION FORM SHALL BE THE BASIS OF THE CONTRACT WITH THE COMPANY, IF A POLICY IS ISSUED.

NAME OF COMPANY/APPLICANT: _____

OWNER'S/APPLICANT'S SIGNATURE: _____

DATE: _____

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