Coverage provided by

LANDMARK INSURANCE COMPANY

WILMINGTON, DELAWARE

ADMINISTRATIVE OFFICES: 100 SUMMER STREET, BOSTON, MA 02110-2103

(A Capital Stock Insurance Company)

PHARMACY PROFESSIONAL LIABILITY/GENERAL LIABILITY APPLICATION

NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE POLICY. EXCEPT TO SUCH EXTENT AS MAY OTHERWISE BE PROVIDED THEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST YOU AND REPORTED IN WRITING TO US DURING THE POLICY PERIOD. PLEASE READ THE POLICY CAREFULLY AND DISCUSS THE COVERAGE THEREUNDER WITH YOUR INSURANCE AGENT OR BROKER.

Please review this application carefully and discuss it with your insurance representative. If a policy is issued, the application will become part of the policy as if physically attached. Therefore, it is necessary that all questions be answered accurately and completely.

INSTRUCTIONS

1) Please **type or print** clearly.
2) Answer **ALL** questions completely, leaving no blanks (use "N/A" if Not Applicable).
3) If you need more space for your responses, continue on a separate sheet of company letterhead and indicate question number.
4) This application must be completed, dated and signed by the individual applicant.

INCLUDE THE FOLLOWING AND CHECK THE BOX IF SUBMITTED

□ **LOSS HISTORY** – Submit company produced 5 year loss history for Professional Liability and General Liability with clearly marked valuation date with breakdowns of incurred losses (including paid and reserves for indemnity and expenses), current status and a detailed explanation for each loss.

If you have no claims, initial here: _____________

Are you aware of any circumstance, accident or loss (occurring after the retroactive date) that has not yet been reported but which may result in a claim? □ Yes □ No

If yes, give dates, allegations and disposition of each claim or suit on a sheet with company letterhead. **Please note that failure to disclose all facts, incidents or circumstances may rescind coverage in the event of a claim.**

□ Copy of specific drug manufacturer agreement

□ Copy of audited financials

The Applicant represents that the statements and facts are true and no material facts have been omitted or misstated. It is mandatory that all questions be answered completely. Completion of this Application does not bind coverage.

GENERAL INFORMATION

Name of Applicant: ______________________________

Date of Business Establishment: ______________ E-Mail Address: ______________

Website Address: ______________ Telephone Number: ______________

Business Address: ______________________________

City: ______________ State: ______________ Zip: ______________

Practice Administrator Name/Title: ______________________________

Requested Effective Date: ____________________

Requested Coverage: Retro Date

Professional Liability ☐ Claims-made _______________
Commercial General Liability ☐ Claims-made _______________

Requested Limits of Liability – Primary:*
☐ $1,000,000/$3,000,000 ☐ Other ______________________
**Professional Liability and General Liability Limits must be the same, but apply separately.*

Deductible: (applies separately to Professional Liability and General Liability)
☐ $0 ☐ $2,500 ☐ $5,000 ☐ $10,000 ☐ Other ____________

ORGANIZATIONAL OVERVIEW

1. How many locations do you have? ____________

2. If more than (1) location or different from business address provided – please list:

Name of Location	Address	Description of Operations

3. Are your locations part of a franchise? ☐ Yes ☐ No

4. Applicant is which of the following:
   For Profit Corporation ☐ Yes ☐ No
   Not For Profit Corporation ☐ Yes ☐ No
   Joint Venture ☐ Yes ☐ No
   Other: _________________

EXPOSURE INFORMATION

5. Do you operate a "domestic" or storefront pharmacy? (circle applicable) Give details:
   ____
   ____

6. Describe your quality control systems.
   ____
   ____
   ____
   ____

7. Do your pharmacist(s) fill 100% of all prescriptions? ☐ Yes ☐ No
   If no, list name of each subcontracted pharmacy and average scripts per month.
   ____
   ____

8. Do you fill prescriptions on behalf of any other entity? □ Yes □ No

If yes, list for whom (company name) and how much annually?

____

____

____

9. Do you obtain 100% of your drug supply from the United States? □ Yes □ No

If no, list country and dollar amount of drugs from each.

____

____

____

____

10. From which <u>manufacturers</u> do you obtain your drug supply?

Manufacturer	% of Your Drug Supply	Minimum Indemnity Requirements

11. List the <u>Primary drug wholesalers</u> that supply your drugs.

Primary Wholesaler	% of Your Drug Supply	Minimum Indemnity Requirements

12. List the <u>Secondary drug wholesalers</u> that supply your drugs.

Secondary Wholesaler	% of Your Drug Supply	Minimum Indemnity Requirements

13. Please complete the following section.

Number of Licensed Pharmacists ________________
Number of Licensed Technicians ________________
Number of Other Employees ________________

Have you or any of your employees:

a) Ever been the subject of disciplinary or investigative proceedings or reprimanded by a government or administrative agency or professional association? □ Yes □ No
b) Ever been convicted of an act committed in violation of any law or ordinance other than a traffic offense? □ Yes □ No
c) Ever had any license to practice refused, suspended, revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same? □ Yes □ No

14. Does your operation have the following requirements?
    Patient History Collection □ Yes □ No
    Power of Attorney (when applicable) □ Yes □ No
    Hold Harmless in all contracts □ Yes □ No
15. Are all prescriptions counter-signed by a United States licensed medical practitioner?
    □ Yes □ No If no, please explain.

16. Do you require that a prescription contain the primary care physician's signature?
    □ Yes □ No If no, please explain.

17. **REVENUE**:

Total $ Revenue For Each Operation In $US Dollars	**Prior Year _____**	**Current Year _____**	**Projected 12 Months**
Storefront Pharmacy Services: Revenue			
Storefront Pharmacy Services: Prescriptions			
Retail Pharmacy Services (In US $)			
Internet Pharmacy Services: Revenue			
Internet Pharmacy Services: # of Prescriptions			
Other – (specify)			
Other – (specify)			
Total Revenue			

Please explain if "Other" category is used in this question:

18. Do you have the ability to provide clinical evaluation of drug claims to identify any possible adverse effects or health risks to the recipient and alerts to potential drug misuse or fraud? □ Yes □ No If yes, please explain.

19. What safeguards are in place to provide security of patient data?

20. Does your legal representative review and approve all contracts, sales literature, and/or brochures prior to their use? □ Yes □ No
21. Are you under contract with any drug manufacturer to promote their product? □ Yes □ No If yes, please submit a copy of the contract.

22. Has any drug manufacturer scripted, targeted points for emphasis, or otherwise acted to control or influence the content of your promotional material? □ Yes □ No

If yes, please explain. ____

____

____

23. Have you ever applied for a US Health & Human Services Waiver/Exclusion? □ Yes □ No

If yes, please explain. ____

____

____

24. Have you ever been granted a US Health & Human Services Waiver/Exclusion? □ Yes □ No

If yes, please explain and attach a copy. ____

____

____

HISTORICAL CARRIER INFORMATION

Please provide past policy information as requested. List all Primary Professional Liability and Commercial General Liability policies for each of the past five years. Begin with the current policies on the top line. If Claims Made, give retroactive date.

PRIMARY	Policy Period	Insurer	Premium	Limits	Attachment	CM (w/ Retro) Or Occurrence
□ Professional Liability □ Commercial GL						
□ Professional Liability □ Commercial GL						
□ Professional Liability □ Commercial GL						
□ Professional Liability □ Commercial GL						
□ Professional Liability □ Commercial GL						

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. ANY MATERIAL MISSTATEMENTS AND/OR OMISSIONS MAY RESULT IN RESCINDED COVERAGE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME A PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THE APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

THE EARLIEST EFFECTIVE DATE FOR WHICH A POLICY MAY BE ISSUED IS THE DATE THIS APPLICATION IS RECEIVED IN OUR OFFICE.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO ILLINOIS APPLICANTS: THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF MATERIAL FACT IN THE POLICY WILL RENDER THIS POLICY, IF ISSUED, VOID AT INCEPTION. THE DISCOVERY OF ANY FRAUD, INTENTIONAL CONCEALMENT, OR MISREPRESENTATION OF A MATERIAL FACT DURING A CLAIM WILL RENDER THIS POLICY, IF ISSUED, CANCELLED.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR

INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature:____

(*MUST BE OFFICER OR PRINCIPAL OF BUSINESS*)

Title:____ Date:____________________

Name of Agent:________________________________ Submitted by:____________________

Date:______________ Address:____

License #:________________________