NEW ENGLAND EXCESS EXCHANGE

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

SUPPLEMENT FOR PHARMACIES
(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERALAPPLICATION)

1. Name of Applicant: _____

2. Provide % of services provided for each of the following:

Compounding	_____%	Drug Benefit	_____%
Mail Order	_____%	Retail	_____%
Wholesale	_____%	Other	_____%

3. Number of prescriptions filled in the past 12 months:_____

4. Breakdown in annual gross receipts:

a) Prescription Sales: $_____

b) Sundries Sales: $_____

c) Medical Equipment Sales: $_____

d) Medical Equipment Rentals: $_____

e) In Home Therapy: $_____

f) Other: _____ $_____

5. Do you dispense any drugs that are:

a) Imported from outside of the United States of America? Yes _____ No _____

If yes, provide details: _____

b) Not FDA approved? Yes _____ No _____

If yes, provide details: _____

6. Are all prescriptions authorized by a licensed physician licensed in the state where services are provided?
Yes _____ No _____

If no, provide details: _____

_____

7. Are you in compliance with all local, state and federal laws that govern the manufacture, control, dispensing and distribution of prescription drugs? Yes _____ No _____

If no, provide details: _____

8. Do you provide any of the following:

a) Mail order services? Yes _____ No_____

b) Pharmacy benefit management services? Yes _____ No_____

c) Compound in bulk, manufacture or wholesale drugs or products? Yes _____ No_____

d) Provide specialized pharmacy services such as veterinarian services? Yes _____ No_____

e) Grow, blend or prepare medical marijuana and/or herbal remedies? Yes _____ No_____

If yes to any of the above, provide details:_____

9. Are telephone orders only taken by a pharmacist and repeated back for verification?

Yes _____ No _____

10. Are products with known look-alike drug names stored separately and not alphabetically?

Yes _____ No _____

11. Does the applicant perform pediatric dose range checks? Yes _____ No _____

12. Are all prescriptions dispensed with current written instructions? Yes _____ No _____

13. Does the applicant accept electronic prescriptions?_____

If yes, what controls are in place to assure prescriptions are prescribed by a licensed physician?_____

_____

14. How are drug waste and expired drugs disposed of?_____

_____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: 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 act, which is a crime.

Name of Applicant: _____

Please Print Title

Signature: _____

Name Date