

MEDICAL EQUIPMENT STORES & RENTAL SUPPLEMENTAL
(Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address Street City County State ZIP Code

BUSINESS INFORMATION

| 1. | Sales/Service Type | Description | Receipts |
|----|-------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------|
| | Medical, Hospital or Surgical Equipment and Supplies – Rented to Others | Includes all sales of items rented to others with delivery, service call or installation | \$ |
| | Medical, Hospital or Surgical Equipment Supplies Stores | Includes all sales of items with delivery, service call or installation | \$ |

2. Indicate the following types of products you rent or sell:
- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Emergency or Lifesaving Equipment | <input type="checkbox"/> Monitoring or Diagnostic Equipment |
| <input type="checkbox"/> Medical Waste Products and Handling | <input type="checkbox"/> Reprocessed Medical Devices Intended for Single Use |
| <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Invasive Medical Equipment |
| <input type="checkbox"/> Oxygen Tank Refill Service | |

(Attach brochures and a complete list of all equipment rented.)

If you checked any of the items above, list the product rented or sold:

- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 3. Do you offer repair service for rented or sold equipment? If yes, describe repair service offered: | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have written training instructions which are given to lessees regarding proper operation of the products? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you maintain records for each rental (Name of Lessee, Dates Rented, and Equipment Rented)? If yes, how long are these records maintained: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| (Attach copy of contract used for equipment rental.) | | |
| 6. Do you have a safety and maintenance program in place? If yes, explain in detail (or attach a copy): | <input type="checkbox"/> | <input type="checkbox"/> |

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

| | | |
|---------------------|-------|------|
| Applicant Signature | Title | Date |
|---------------------|-------|------|

| | |
|--------------------|------|
| Producer Signature | Date |
|--------------------|------|

Producer Name and Address