



Property/Casualty  
Insurance  
Renewal Survey  
MULTI-STATE

McNeil & Company, Inc.  
PO Box 5670 - 20 Church Street  
Cortland, NY 13045  
(800) 822-3747  
Fax: (607) 756-5051

Date of survey: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

Legal Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

FEIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the account Sub-Brokered?  Yes  No

If Yes, Please indicate Agency Name, Address and Representative: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION:**

1. Have there been any changes in ownership or new companies formed?  Yes  No

If yes, please describe fully any new companies formed or changes in ownership within the past 12 months:

\_\_\_\_\_  
\_\_\_\_\_

2. Have there been any changes in the services provided?  Yes  No

If yes, please explain and describe fully any new services provided: \_\_\_\_\_

\_\_\_\_\_

**GENERAL LIABILITY & MISCELLANEOUS PROFESSIONAL LIABILITY INFORMATION:**

1. Has there been a change in the number or type of certified professionals you use?  Yes  No

If yes, please explain \_\_\_\_\_

2. Are you certified by the Joint Commission on Accreditation of Health Care Organizations (JCAHO)?  Yes  No

3. Do you plan to enter into chemotherapy services?  Yes  No

4. Do you plan to install grab bars, stair lifts, trunk lifts or van trunk lifts/hand controls?  Yes  No

If yes, please explain \_\_\_\_\_

5. Do you plan to provide Professional Healthcare Services other than delivery, assembly, maintenance, demonstration or instruction?  Yes  No

If yes, please explain \_\_\_\_\_

## Medical Equipment Services & Receipts

Total estimated receipts for the next 12 months \$ \_\_\_\_\_

Percent (%) of above receipts for the following services:	HOME USE	HOSPITAL USE	RECEIPTS NON-DISPOSABLE ITEMS	RECEIPTS DISPOSABLE ITEMS
Rental Receipts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	
Sales-Retail	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Sales-Distributor/Wholesale	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Sales-Drug Store Pharmaceutical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Sales-Medical Gases (high pressure or liquefied)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		%
Other (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	%
Equipment Repair Receipts (other than your equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	% Parts	% Labor

## Product Information

Description	Do you carry this item?	Average # In Stock	Do you repair this item?
Apnea Monitors	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Arterial Pressure Monitors (Invasive)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Arterial Pressure Monitors (Non-Invasive – i.e. Blood Pressure Cuffs)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Anesthesia Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood Gas Analyzing Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cardiac Out-put Machine	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Defibrillators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Intensive Care Incubators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Laser Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Function Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Pacemakers	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
IPPB Machines	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Resuscitators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Small Volume Nebulizers	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Transcutaneous Nerve Stimulators (tens units)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
X-Ray Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Product Information (continued)**

Description	Do you carry this item?	Average # In Stock	Do you repair this item?
<b>Infusion Therapy Equipment</b>			
Enteral	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Parenteral	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotic Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Antibiotics for above	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Foods for above	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal Tubing	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Description	Do you carry this item?	Average # In Stock	Do you repair this item?
<b>Oxygen Equipment</b>			
Oxygen Cylinders	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxygen Analyzers	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, are these used only to check your own Oxygen concentrators?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Oxygen Concentrators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Oxygen Control Valves and Regulators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Wheel Chairs	Do you carry this item?	Average # In Stock	Do you repair this item?	# Rented Per Year	Percentage of Total Receipts
Wheel Chairs	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
What Repairs are performed?					

Vehicle Hand Controls	Do you carry this item?	Average # In Stock	Do you repair this item?	Percentage of Total Receipts	Do you install This item?
Vehicle Hand Controls	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Ventilators – Life Support	Do you carry this item?	Average # In Stock	Do you repair this item?	# Rented Per Year	Percentage of Total Receipts
Ventilators	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you instruct on the use of Ventilators? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, who is responsible? _____					
What are their qualifications? _____					
Years of experience: _____					

Medical Gas Piping Systems	Do you carry this item?	Average # In Stock	Do you repair this item?	Percentage of Total Receipts	# installed per year
Medical Gas Piping Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Product Information (continued)**

Lifts					
Description	Do you carry this item?	Average # In Stock	Do you repair this item?	Percentage of Total Receipts	# installed per year
Stair Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe type of lift:					
Vertical Lift	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Elevator or Porch?	<input type="checkbox"/> Elevator <input type="checkbox"/> Porch				

Grab Bars	Do you carry this item?	Average # In Stock	Do you repair this item?	Percentage of Total Receipts	# installed per year
Grab Bars	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
How do you attach the Grab Bars to the structure?					

Do you carry any other equipment not listed above?  Yes  No

If Yes, please provide types and numbers of each: \_\_\_\_\_

**CHANGE IN LOCATIONS INSURED FROM CURRENT POLICY OR ATTACH SCHEDULE:**

No Change in locations  Change in locations, see below:

Delete: \_\_\_\_\_

Add: \_\_\_\_\_

**PROPERTY INFORMATION:**

Do you wish to increase the insurance on your property insured?  Yes  No

If yes, please indicate your new values or attach a revised schedule. (If more than one location please attach a revised schedule).

Building – Replacement cost value \_\_\_\_\_

Contents – Replacement cost value \_\_\_\_\_

**CHANGE IN CERTIFICATES / ADDITIONAL INSUREDS OR ATTACH SCHEDULE:**

List below, any entities that need Certificates of Insurance or Additional Insured Endorsements. As respects Additional Insureds, describe their interest in your business:

Location No.	Certificate of Ins.	Additional Insured	Name / Address

**UMBRELLA AND EXCESS LIABILITY:**

If umbrella coverage applies, please provide update underlying information:

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Employers Liability (Coverage B) Limits: \$ \_\_\_\_\_ Bodily Injury by Accident

\$ \_\_\_\_\_ Bodily Injury by Disease

\$ \_\_\_\_\_ Annual Aggregate

Insurer\*: \_\_\_\_\_ Policy Number: \_\_\_\_\_

(Must be A Rated) Policy Period: \_\_\_\_\_

Auto Liability Limits: \$ \_\_\_\_\_ Bodily Injury by Accident

Auto Liability Premium: \$ \_\_\_\_\_

\*Excess Employers Liability and Auto Liability are subject to approval of the insurer providing the underlying coverage.

**LOSS INFORMATION:**

Have you reported any new losses to previous carriers over the past 12 months?

Yes

No

If yes, please provide detail:

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**Application Signatures & State Fraud Statements**

**APPLICABLE IN ARIZONA - ARIZONA FRAUD STATEMENT**

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS - ARKANSAS FRAUD STATEMENT**

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.

**APPLICABLE IN CALIFORNIA - CALIFORNIA FRAUD STATEMENT**

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**APPLICABLE IN COLORADO - COLORADO FRAUD STATEMENT**

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 Agencies.

**APPLICABLE IN FLORIDA - FLORIDA FRAUD STATEMENT**

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 of the third degree.

**APPLICABLE IN IDAHO – IDAHO FRAUD STATEMENT**

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**APPLICABLE IN INDIANA – INDIANA FRAUD STATEMENT**

Any person who knowingly, and with intent to defraud an insurer, files a statement of claim containing any false, incomplete or misleading information commits a felony.

**Application Signatures & State Fraud Statements (continued)**

**APPLICABLE IN KENTUCKY - KENTUCKY FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an 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.

**APPLICABLE IN LOUISIANA - LOUISIANA FRAUD STATEMENT**

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.

**APPLICABLE IN MINNESOTA – MINNESOTA FRAUD STATEMENT**

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**APPLICABLE IN NEW HAMPSHIRE – NEW HAMPSHIRE FRAUD STATEMENT**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**APPLICABLE IN NEW JERSEY - NEW JERSEY FRAUD STATEMENT**

New Jersey law requires us to give you the following notice: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**APPLICABLE IN NEW MEXICO – NEW MEXICO FRAUD STATEMENT**

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 civil fines and criminal penalties.

**APPLICABLE IN NEW YORK - NEW YORK FRAUD STATEMENT**

**Other Than Automobile:** 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.

**APPLICABLE IN OHIO - OHIO FRAUD STATEMENT**

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.

**APPLICABLE IN OKLAHOMA – OKLAHOMA WARNING**

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.

**APPLICABLE IN OREGON – OREGON FRAUD STATEMENT**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**APPLICABLE IN PENNSYLVANIA – PENNSYLVANIA FRAUD STATEMENT**

Any person who knowingly and with intent to defraud an 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.

**APPLICABLE IN TENNESSEE - TENNESSEE FRAUD STATEMENT**

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.

**APPLICABLE IN UTAH - UTAH FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

**APPLICABLE IN VERMONT – VERMONT FRAUD STATEMENT**

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a crime, subjecting the person to criminal and civil penalties.

**APPLICABLE IN VIRGINIA – VIRGINIA FRAUD STATEMENT**

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.

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Agent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_