HOMed BY McNeil&Co.

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PROPERTY/CASUALTY INSURANCE RENEWAL SURVEY
MULTI-STATE

General Information

Date of survey: _____ Insurance Renewal Date: _____ Date Proposal Needed: _____

Legal Name of Organization: _____

(please include all organizations that are to be included as insureds)

_____ FEIN: _____

Mailing Address: _____

_____ County: _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact Title: _____

Website Address: _____ E-Mail Address: _____

Insurance Agent Information

Agent's Name: _____

Name of Agency: _____

Address: _____

Telephone: _____ Fax: _____ E-mail address: _____

Do you currently write this account? ☐ Yes ☐ No

If Yes, for how long? _____ With what Carrier? _____

Is the account Sub-Brokered? ☐ Yes ☐ No

If yes, please indicate Agency Name: _____

Business Information

Description of organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other _____

Years in business _____ Years experience _____

If in Business for less than 3 years, please attach resume and summary of experience of Manager.

Number of Employees: _____ Number of Executives/Officers/Owners: _____ Is there an employee union? ☐ Yes ☐ No

Is your business a subsidiary or division of another company? ☐ Yes ☐ No

If yes, please provide the name of the company, the address and relationship: _____

_____

Has your business had any changes in ownership over the past 3 years? ☐ Yes ☐ No

If yes, please provide details: _____

_____

Has any insurance carrier cancelled, declined or refused to renew any insurance within the past 3 years? ☐ Yes ☐ No

If yes, please provide dates, coverage and explanation: _____

_____

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	☐ Yes ☐ No	☐ Yes ☐ No	%	
Sales-Retail	☐ Yes ☐ No	☐ Yes ☐ No	%	%
Sales-Distributor/Wholesale	☐ Yes ☐ No	☐ Yes ☐ No	%	%
Sales- Drug Store/Pharmaceutical	☐ Yes ☐ No	☐ Yes ☐ No	%	%
Sales-Medical Gases (high pressure or liquefied)	☐ Yes ☐ No	☐ Yes ☐ No		%
Equipment Repair Receipts (other than your equipment)	☐ Yes ☐ No	☐ Yes ☐ No	Parts %	Labor %
Other (describe):	☐ Yes ☐ No	☐ Yes ☐ No	%	%

Product Information

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

Product Information (continued)

Description	Do you carry this item?	Average # In Stock	Do you repair this item?
Infusion Therapy Equipment			
Enteral	☐ Yes ☐ No		☐ Yes ☐ No
Parenteral	☐ Yes ☐ No		☐ Yes ☐ No
Chemotherapy	☐ Yes ☐ No		☐ Yes ☐ No
Antibiotic Therapy	☐ Yes ☐ No		☐ Yes ☐ No
Antibiotics for above	☐ Yes ☐ No		☐ Yes ☐ No
Foods for above	☐ Yes ☐ No		☐ Yes ☐ No
Disposal Tubing	☐ Yes ☐ No		☐ Yes ☐ No
Oxygen Equipment			
Oxygen Cylinders	☐ Yes ☐ No		☐ Yes ☐ No
Oxygen Analyzers	☐ Yes ☐ No		☐ Yes ☐ No
If Yes, are these used only to check your own Oxygen concentrators?	☐ Yes ☐ No		
Oxygen Concentrators	☐ Yes ☐ No		☐ Yes ☐ No
Oxygen Control Valves and Regulators	☐ Yes ☐ No		☐ Yes ☐ 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	☐ Yes ☐ No		☐ Yes ☐ 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	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ 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	☐ Yes ☐ No		☐ Yes ☐ No		

Do you hook patients up to the ventilator equipment? ☐ Yes ☐ 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	☐ Yes ☐ No		☐ Yes ☐ No		

Product Information (continued)

Lifts	Do you carry this item?	Average # In Stock	Do you repair this item?	Percentage of Total Receipts	# installed per year
Stair Lift	☐ Yes ☐ No		☐ Yes ☐ No		
Vehicle Lift	☐ Yes ☐ No		☐ Yes ☐ No		
Please describe type of lift:					
Vertical Lift	☐ Yes ☐ No		☐ Yes ☐ No		
Elevator or Porch?	☐ Elevator ☐ 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	☐ Yes ☐ No		☐ Yes ☐ 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.	Certifoicate on 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: $ _____

Product Information (continued)

*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:

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO ALASKA APPLICANTS: A person who knowingly and with intent to injure, defraud or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

NOTICE TO ARIZONA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

NOTICE TO ARKANSAS, LOUISIANA, RHODE ISLAND 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 CALIFORNIA APPLICANTS: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state 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 agencies.

NOTICE TO DELAWARE APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

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 of the third degree.

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

NOTICE TO INDIANA APPLICANTS: A 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.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

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 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 or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE TO NEW HAMPSHIRE APPLICANTS: 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.

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 MEXICO 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 civil fines and criminal 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

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 PUERTO RICO APPLICANTS: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE AND VIRGINIA 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 TEXAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO UTAH APPLICANTS: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VERMONT APPLICANTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature:_____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature:_____ Date: _____

APPLICABLE IN NEW YORK - NEW YORK CLAIMS-MADE INSURANCE NOTICE
IF ANY LIABILITY COVERAGE IN YOUR POLICY IS PROVIDED ON A CLAIMS-MADE BASIS THEN COVERAGE IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST AN INSURED AND REPORTED IN WRITING WHILE THE POLICY IS IN FORCE, DURING A RENEWAL OF THE POLICY, OR DURING ANY EXTENDED REPORTING PERIOD. VARIOUS PROVISIONS IN THE POLICY MAY RESTRICT COVERAGE. PLEASE READ THE ENTIRE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, AND WHAT IS AND IS NOT COVERED.

Applicant's Signature:_____ Date: _____

Name and title (please print): _____