



**James River Insurance Company
and its Subsidiaries**
6641 West Broad Street, Suite 300
Richmond, VA 23230

**Durable Medical Equipment
Application**

**LIFE SCIENCES
Division**
Email to LS@jamesriverins.com

APPLICANT'S INSTRUCTIONS:

1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.
2. Application must be signed and dated by the owner, partner, or officer not earlier than 90 days before the proposed effective date of coverage.
3. Please read the statements at the end of this application carefully. Thank you!

Additional information required for this submission:

- Copy of rental/lease agreement
- 5 years loss runs, currently valued

SECTION I – GENERAL INFORMATION

Applicant name:

DBA:

Address:

City:

State:

Zip:

Phone:

Ext:

Website:

Years in business under current management:

Date established:

Inspection contact name and information:

Type of enterprise: ☐ Corporation ☐ Individual ☐ Partnership ☐ Proprietorship ☐ LLC
☐ Non-profit ☐ For profit ☐ Joint venture ☐ Government entity
☐ Other:

Description of operations:

List of subsidiaries and their operations:

List any additional offices and provide locations:

Have any of the principals engaged in this or similar enterprises under a different name?

☐ Yes ☐ No

If "Yes", please list entity and operations:

Provide business financial information for the last five (5) years and estimates for the next year:

Year	Domestic sales	Foreign sales	Payroll	# of employees
Next year				
Last year				
2 nd year prior				
3 rd year prior				
4 th year prior				
5 th year prior				

SECTION II – PRODUCTS & SERVICES

1. Are there any pharmaceutical product/solution sales? ☐ Yes ☐ No
 If "Yes", what percentage of the above estimated receipts will be pharmaceuticals? %

2. Expendable items intended for one time usage (e.g. adhesive tape, bandages, or hypodermic needles, etc.):

- a. Estimated receipts in the next 12 months
- b. Actual receipts in the last 12 months

3. Provide percentage of gross revenue for products sold/rented, services rendered, and permanent installation of any devices/equipment (revenues must be broken into % and the total for all devices listed below, services, and installations should equal 100% or less):

Product	% sales	% rentals	Total	Product	% sales	% rentals	Total
Apnea or other patient monitoring devices	%	%	%	Enteral or parenteral therapy	%	%	%
Braces	%	%	%	Infusion pumps	%	%	%
Bathroom safety (e.g., grab bars, transfer chairs, shower chairs, etc.)	%	%	%	Motorized wheelchairs/scooters/tri-carts	%	%	%
Beds	%	%	%	Nebulizers	%	%	%
Ceiling lifts	%	%	%	Oxygen & oxygen concentrators	%	%	%
Chair or stair lifts	%	%	%	Physical therapy or rehabilitation equipment	%	%	%
Cold therapy devices	%	%	%	Products containing latex	%	%	%
CPAP/BIPAP	%	%	%	Products containing silicone	%	%	%
Defibrillator	%	%	%	TENs units	%	%	%
Diabetes monitoring/testing	%	%	%	Wheelchairs (manual)	%	%	%
Other products rent/sell (list below):				Walkers/crutches	%	%	%
	%	%	%	Ventilators or other life support devices	%	%	%
	%	%	%				
	%	%	%				
	%	%	%				
	%	%	%				

PRODUCTS TOTAL

%

Services	% sales	Permanent Installation	% sales
Sleep study	%	Elevators	%
Pharmacy	%	Ramps	%
Repair/service	%	Ceiling lifts	%
Other (please list):		Stair lifts	%
	%	Wheelchair lifts	%
	%	Hand controls in autos	%
	%	Grab bars	%
	%	Other permanent installs (please list):	
SERVICES TOTAL	%		%

PERMANENT INSTALLATION TOTAL

%

TOTAL (all products, services, permanent installation) %

SECTION III – OPERATIONS

1. Does applicant employ their own sales staff? If "Yes", are they trained by the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does applicant repackage or re-label any items obtained from suppliers? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any equipment sold under applicant's name or label? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does applicant repair or sell another company's used equipment? If "Yes", please explain what type and provide estimated annual revenues:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does applicant modify any products in any way after their original manufacture? If "Yes", please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do any products, ingredients, or components originate from outside the United States? If "Yes": a. Specify the country(ies) of origin b. Does applicant import these products or components directly? c. Are imported products and components tested for contamination and verification that they match what was ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION IV – RISK MANAGEMENT & QUALITY CONTROL

1. Does applicant obtain certificates of insurance (COIs) evidencing product liability insurance coverage and AI vendor status from each manufacturer and supplier based in the United States? <input type="checkbox"/> All products <input type="checkbox"/> Some products <input type="checkbox"/> No products If for "Some products", list those products and provide the annual receipts for each:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have any of the products that applicant distributes ever been recalled? If "Yes", please explain: a. Describe the process for determining if any products applicant has sold or leased have been recalled by the manufacturer and describe the recall process:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are written instructions for the use of products provided to the user? If "Yes", are the written instructions reviewed with and required to be signed off by the user?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does applicant maintain a written quality control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are all devices and/or equipment checked and their condition documented prior to their release?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does applicant maintain complete records of inventory shipments including listing the serial numbers of the finished product on shipment invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does applicant use the services of an EPA-approved contractor to dispose of hazardous waste materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Does applicant have any exposure to nuclear or radioactive materials? If "Yes", explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does applicant distribute oxygen cylinders? If "Yes", are they: <input type="checkbox"/> Pre-filled <input type="checkbox"/> Filled on applicant's premises	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does applicant follow DOT and FDA guidelines on safe practices for handling and provision of oxygen and related equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION V – MAINTENANCE AND/OR REPAIR OF EQUIPMENT – LEASED OR SOLD

1. If applicant rents or leases equipment, does applicant have a designated area where returned equipment is kept until it can be inspected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If applicant rents or leases equipment, does applicant utilize a "service" tagging system? If "Yes", please describe the tagging system and applicant's procedures:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is preventive maintenance performed on all equipment and devices according to a written schedule? If "Yes", does applicant keep a log book where all maintenance performed is recorded along with the serial number of the equipment or device?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Describe which types of equipment applicant performs maintenance or repairs on:	
5. Describe maintenance and emergency protocols for life sustaining equipment/monitoring devices:	
6. Are manufacturer recommendations followed for all installation, maintenance, service, or repair of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all technicians performing installation, maintenance, service, or repair manufacturer trained and certified? If "No", explain how manufacturer specifications are maintained and verified:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does applicant subcontract labor, installation, service, or repair of any equipment or devices? If "Yes", describe what equipment or devices this applies to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does applicant require all subcontractors to execute a subcontract agreement containing a hold harmless/indemnification clause in applicant's favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are certificates of insurance (COIs) obtained from all subcontractors that provide installation, maintenance, and repair services on behalf of the applicant? If "Yes", what limits of liability are required of these subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI – PRIOR INSURANCE & CLAIMS HISTORY

1. Please provide insurance information for the past three (3) years.					
Carrier	Limits	Deductible	Retro date	Premium	Exposure base or policy rate

2. In the last five (5) years, have any adverse events been reported to applicant and/or the FDA concerning applicant's products? ☐ Yes ☐ No
If "Yes", state number of events and provide details for each (*attach a separate page if more space is needed*):

3. During the last five (5) years, have any claims been made against any person(s) or organization(s) to be covered under this insurance? ☐ Yes ☐ No
If "Yes", please provide five (5) year loss history for all claims below and attach a description for any loss greater than \$10,000:

Year	# of claims	Total paid	Total reserves	Total incurred	Valuation date

SECTION VII – SIGNATURE, CONSENT AND AGREEMENT

This Application is the basis for coverage; therefore, any incorrect or incomplete statements or answers could nullify coverage. Completion of this form neither binds coverage nor guarantees that a policy will be issued. (*Not applicable in North Carolina*)

I hereby request that my application for insurance coverage be submitted for consideration to the company shown in this application. Accordingly, I authorize and direct any person or organization whatsoever to release and furnish to that company any and all information requested which may relate to my insurability.

I hereby indicate that the aforementioned statements and answers are correct and complete. I further understand that an incorrect or incomplete statement or answer could void my protection.

I hereby consent to the review by the company shown in this application of any incidents or occurrences likely to result in malpractice allegation or claim. I agree to cooperate in the review of claims and incidents which apply to the coverage requested.

Where applicable, I hereby consent to the review of my application by the committees appointed by my county or state professional association / society. I agree to cooperate with these committees.

COPY OF NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT.

(*Not required in all states, contact your agent or broker for your state's requirements.*)

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information. (*Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applications in these states.*)

NOTICE TO APPLICANT

The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. **Applies in MD Only.*

Applicable in CO

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 FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony (of the third degree)*. **Applies in FL Only.*

Applicable in KS

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 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.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. **Applies in NY Only.*

Applicable in ME, TN, VA and WA

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 and denial of insurance benefits. **Applies in ME Only.*

Applicable in NJ

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 OR

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.

☐ ***I have read the statements above, understand their meaning and agree.***

Applicant's signature:

Date:

Applicant's name:

Applicant's title: