WESTERN WORLD
An AIG company

Application For

Medical Equipment (DME) Sales/Rental/Lease Liability

1. Name of Applicant _____
   Street Address _____
   City _____ State _____ Zip _____
   Applicant's Web Site Address _____
   Insured Contact Name: _____ Insured's Contact Phone No.: _____
   Insured's Contact Email Address: _____
2. Date Established _____ *and* Type of Organization ☐ Individual ☐ Partnership ☐ Corporation
   ☐ Other (Please explain.) _____
3. Please provide full names of individuals or partners and their interests: *(If needed, continue on Attachment to A17.)*
   Name _____ Interest _____
   Name _____ Interest _____
   Location of premises/operations. ☐ Check if SAME as above.
   Street Address _____
   City _____ State _____ Zip _____
4. Please provide the following information. ☐ Check if no prior insurance.

Insurance Company	Policy Period	Limits of Liability	Premium	Type of Coverage Occurrence or Claims Made

5. During the past **three (3) years**, have any claims been presented to your current or prior insurance carrier(s)? *(If yes, please provide description of claim(s), date of loss, amount(s) paid and reserved on Attachment to A17.)* ☐ Yes ☐ No
6. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? (*If yes, please provide full details on Attachment to A17.)* ☐ Yes ☐ No
7. **Professional Liability Information** – If applicant uses certified professionals, please state number by category.

	Employed	**Contracted**
Therapists		
Nurses		
Orthotist		
Prosthetist		
Other		

   Description _____

   Does applicant always verify licensing/certification? ☐ Yes ☐ No
   Do certified professionals carry own General Liability insurance? ☐ Yes ☐ No
   Do certified professionals carry own Professional Liability insurance? ☐ Yes ☐ No
   Does applicant require annual Certificates of Insurance? ☐ Yes ☐ No
   What limits do certified professionals carry? $ _____
8. Show separate gross sales for items sold. $ _____
   Show separate gross sales for items rented/leased. $ _____
   Total estimated gross sales for the upcoming year. $ _____
   Show payroll for service or repair by employees. $ _____
   Show cost for installation and repair work subcontracted. $ _____
   Show sales of re-conditioned or used equipment $ _____
   Show sales of reprocessed medical equipment or devices $ _____

9. **Product Information** – Check-off items being sold, rented or leased.

	Do you carry?	Rent or Sales	Do you install?
Apnea Monitors	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Arterial Pressure Monitors	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Anesthesia Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Blood Gas Analyzing Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Bi-Paps/V-Paps	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
C-Paps	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Cardiac Output Machine	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Diabetic Equipment *(Please attach list.)*	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Defibrillators	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Dialysis Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Durable Medical Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Expendable Medical Supplies	☐ Yes ☐ No	☐ Sales	N/A
Grab Bars	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
IPPB *(Intermittent Positive Pressure Breathing)*	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Infusion Therapy Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No

If yes, please list: _____

Infusion Therapy Services Provided ☐ Yes ☐ No

If yes, please list: _____

If yes, where done? ☐ Patient's Home ☐ Hospital ☐ Nursing Home/Assisted Living

Intensive Care Incubators	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Laser Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Life Function Monitoring	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Medical Gas Piping System	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Operating Room Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Oxygen Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Sub-contracted? ☐ *Yes* ☐ *No*	*Does applicant follow standard suppliers procedures?* ☐ *Yes* ☐ *No*		
Pace Makers	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Resuscitators	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Small Volume Nebulizers	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Stair Lifts	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Transcutaneous Nerve Stimulators	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Ventilators – Life Support	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Vertical (Hoyer) Lifts	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Wheel Chairs – Standard	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Wheel Chairs – Power	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Wheel Chairs – Lifts	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Motorized/Electrical Scooters	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
X-Ray Equipment	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No
Other *(Specify – please attach listing.)*	☐ Yes ☐ No	☐ Rent ☐ Sales	☐ Yes ☐ No

Chemotherapy	**Licensed/Certified**	**Employed**	**Sub-Contractor[(1)]**
Prepare Drugs ☐ Yes ☐ No	☐ Yes* ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
** If yes, please explain License/Certification* _____			
Administer Drugs ☐ Yes ☐ No	☐ Yes* ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
** If yes, please explain License/Certification* _____			
Training for Use of Equipment ☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

[(1)]*If sub-contracted, are Certificates of Insurance required?* ☐ Yes ☐ No

Closed Pharmacy (ONLY) – Not open to the general public; please list all compounds prepared.

(A) _____ (B) _____ (C) _____

10. Do manufacturers name you as Vendor/Additional Insured? __ Yes ☐ No
(If yes, please attach Certificate of Insurance.)

11. What foreign-made products are sold? *(Specify – attach listing.)*

12. Any sales of used equipment? ☐ Yes ☐ No Gross sales: $ _____

13. Describe any sales outside the U.S. on Attachment to A17. Gross sales: $ _____

14. Please provide the following information.

Additional Insureds	Interests	Certificate of Insurance Required?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

15. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other Than Products – Completed Operations)	$ _____	
Products – Completed Operations Aggregate Limit	$ _____	
Personal and Advertising Injury Limit	$ _____	
Each Occurrence Limit	$ _____	
Damage to Premises Rented by You (Up To $100,000 Limit Available)	$ _____	Any One (1) Premises
Medical Expense Limit (Up To $5,000 Limit Available)	$ _____	Any One (1) Person
Each Professional Incident Limit (If Applicable)	$ _____	

FOR SEXUAL MOLESTATION COVERAGE, PLEASE COMPLETE QUESTIONS 16 THROUGH 20.

$25,000/50,000 limit is included **if there is Professional Coverage** at no additional charge. Higher limits are available for an additional premium charge (see below). If sexual molestation coverage for Professionals is not desired, please check here ☐ Coverage is NOT requested.

16. Has your facility had any incidents or claims brought against it for sexual molestation or any other allegation of misconduct? ☐ Yes ☐ No
Please provide details _____

17. Has any facility that you have been associated with in the past ever had any incidents occur or claims brought against it while you were there? ☐ Yes ☐ No
Describe _____

18. Does your facility do background checks on all employees and volunteers? ☐ Yes ☐ No
Describe type of checks performed (prior employer, police, etc.) _____

19. Are there written guidelines in place regarding sexual misconduct? ☐ Yes ☐ No
If NO, please explain _____

20. Please check the limits you are requesting: ☐ $25,000/50,000 – included ☐ $50,000/100,000 ☐ $100,000/300,000

21. Premises Exposure:
Building _____ ACV/RC _____ Co. Ins. _____
Contents _____ ACV/RC _____ Co. Ins. _____
Business Income _____ EE _____
Construction of Building? _____ # of Floors? _____ Age of Building? _____
Sprinklered? ☐ Yes ☐ No Alarmed? ☐ Yes ☐ No
Protection Class 1-8 _____ Protection Class 9&10 _____ Area (Sq. Ft.) _____

22. Effective Dates Desired – From: _____ To: _____

#	Description or Full Details

FRAUD WARNING STATEMENTS

Alabama	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.
Arkansas **Louisiana** **West Virginia**	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.
Colorado	**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.**
District of Columbia	**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.
Florida	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.
Kentucky	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.
Maine	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 denial of insurance benefits.
Maryland	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.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	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.
New York	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. **Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	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.
Oklahoma	**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.
Oregon	**Fire:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Rhode Island	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.
Tennessee **Virginia** **Washington**	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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature _____ Date _____

Title _____ Producing Agent _____