Medical Products Sales or Equipment Rental Supplemental Application

A. List each product or equipment line individually and provide receipts for each. Attach a copy of your products/equipment brochures.

Describe Product/Equipment Line	Annual Receipts From Rental	Annual Receipts From Sales
1.______		
2.______		
3.______		
4.______		
5.______		

B. Describe clients applicant sells/rents to, and % each:

_____% Individuals using products in their home
_____% Individuals in nursing homes*
_____% Nursing homes or similar residential facilities*
_____% Hospitals*
_____% Clinics/labs*
_____% Physicians*
_____% Other*; Describe ______

* If other than individuals in their home, is there a financial/ownership relationship between applicant and client or facility? ☐ Yes ☐ No If Yes, explain: ______

C. Who does the servicing and repair of the products? ______

Who does the servicing and repair of rental equipment? ______

D. Are any products manufactured by others and sold under your entity's label? ☐ Yes ☐ No

If yes, which products? ______

E. Are any additional products planned in the next twelve months? ☐ Yes ☐ No

If yes, include them under question A, and estimate the receipts in the next 12 months.

F. How are products marketed? (attach ad copy or brochures) ______

______

G. Is a rental/lease agreement signed by customers prior to releasing any rental equipment? ☐ Yes ☐ No

H. If yes, please enclose a copy of the rental agreement.

I. Is formal written inspection program for rental equipment conducted prior to each rental? ☐ Yes ☐ No

J. Are manufacturer's labels/directions/instructions provided to customers for all rentals? ☐ Yes ☐ No

K. Do the manufacturers or distributors of any of the above listed items:

1) Name your entity as an additional insured under their products liability policies? ☐ Yes ☐ No
2) Provide Certificates of Insurance for Products Liability to you? ☐ Yes ☐ No
3) Provide maintenance/service agreements for their product(s)? ☐ Yes ☐ No
4) Hold you harmless for loss arising from their products? ☐ Yes ☐ No

If the answer is yes for some products, please specify which product line and which answers: ______

______

K. Are all manufacturers/suppliers well-known U.S. firms? ☐ Yes ☐ No If no, give details of which are not and any foreign products: ______

L. If sales of medicines or drugs are made by applicant, is a licensed pharmacist employed or contracted? ☐ Yes ☐ No

If, yes indicate number: ______ Employed (W-2) ______ Contracted (1099)

Does pharmacist carry his/her own professional liability insurance? ☐ Yes (Limits: __________) ☐ No

______
Date

______
Applicant Signature/Title

Send submissions to: healthcare@iscmga.com