



PROTEKSM
Medical Equipment Insurance Solutions

APPLICATION FAX COVER SHEET

TO: THE SCHNEIDER GROUP

FROM: _____

FAX: 520-670-1121

PHONE: _____

ATTN: _____

#PAGES: _____

COMMENTS:



THE SCHNEIDER GROUP
FINANCIAL & INSURANCE SOLUTIONS



ProTek Application

Desired Effective Date: _____

Business Name: _____

Mailing Address: _____

Physical Address: _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Website Address: _____

Individual Partnership Corporation Other (explain) _____

Please give a brief description of your operations.

Federal Employers ID Number: _____

GENERAL INFORMATION

1) How many years has your company been in business? _____

(Circle Yes or No)

2) Is your company a subsidiary of another company?

Yes No

3) Does your company have any subsidiary operation?

Yes No

4) Has your company had its insurance coverages cancelled or non-renewed for any reason during the last five (5) years?

Yes No

Please provide details on "Yes" answers (1-3): _____

5) Has your company had any General Liability losses or claims during the past five (5) years?

Yes No

6) Are there any claims or claim reserves outstanding?

Yes No

7) Have you ever been sued or named in a lawsuit?

Yes No

Please provide details on "Yes" answers and attach loss runs. _____

8) Is the legal entity to be Named Insured on this policy involved in any other operations? Yes No
 If "Yes", please explain: _____

RECEIPTS AND SALES AND TECHNICAL OPERATIONS

	<u>US & Canada</u>	<u>Foreign</u>
9) Last Years Gross Receipts:	\$ _____	\$ _____
Upcoming policy period projected gross receipts:	\$ _____	\$ _____

ALLOCATION OF PROJECTED GROSS RECEIPTS

	<u>US & Canada</u>	<u>Foreign</u>
A. Repair, Component Parts & Consulting	\$ _____	
B. Sale of Component Parts, not part of a repair (New)	\$ _____	\$ _____
C. Sale of Component Parts, not part of a repair (Used)	\$ _____	\$ _____
D. Maintenance Management Contracts	\$ _____	
E. Sale of Refurbished/Used Equipment	\$ _____	\$ _____
F. Sale of New Equipment	\$ _____	\$ _____
*G. Sale of Disposables / One time use	\$ _____	\$ _____
H. Income from Rentals – Long Term	\$ _____	
*I. Income from Rentals – Short Term (Less than 30 Days)	\$ _____	
J. Manufacturers Representative (Title & Possession of Equipment not taken)	\$ _____	(Gross sales not commission)

* Names of Manufacturers whose products you sell or whom you represent: _____

TOTAL PROJECTED GROSS RECEIPTS \$ _____

10) Projected Payroll for Repair Technicians \$ _____

11) Do you **Subcontract** any work? Yes No
 If Yes, Amount \$ _____ or _____ %

Do you require the following from subcontractors:

Certificates of Insurance with limits equal to yours?	Yes	No
Additional Insured Status?	Yes	No
A written contract with a hold harmless agreement?	Yes	No

Note: If you are utilizing subcontractors that do not have insurance you may not qualify for this program.

12) Client Profile:
 Hospitals: _____ %
 Clinics: _____ %
 Other: _____ %

Please explain other: _____

13) Please list current and previous liability carriers. Please indicate if products and completed operations were / are included:

Carrier	Premium	Expiration Date	Included Products ?
Current:	_____	_____	_____
Year 2:	_____	_____	_____
Year 3:	_____	_____	_____
Year 4:	_____	_____	_____

14) If you have a Claims Made policy, what is the Retro Date ? ____/____/____

15) Desired Limit of Liability: \$ _____

16) A. If your business does Service/Repair, do you adhere to OEM Specifications, or a variation of the same? _____

B. Do you change out OEM components? _____

C. Are there a significant amount of repairing and other rebuilding services performed? _____
If yes please explain _____

17) How are your service calls documented and/or do you maintain records of what service was performed? _____

18) A. If your business refurbishes equipment, do you perform cosmetic refurbishing or are the parts repaired and replaced? _____

B. Do you perform the refurbishing yourself or is that work outsourced? _____

C. If outsourced, do you obtain certificates of insurance? _____

19) If your business refurbishes equipment, do you replace the OEM name on the device with your own? _____

20) A. Do you sell home medical equipment? _____

B. Do you repair home medical equipment? _____

C. Do you rent home medical equipment? _____

21) Does your company demonstrate the use of the device you sell or service? _____

22) Do your employees or subcontractors assist in the application of a medical device on a patient? _____

23) What training/consulting does your company offer to the end user? _____

24) Please check the following equipment that you service or sell:

TYPE I EQUIPMENT

	New	Used	Repair	Rental
<input type="checkbox"/> Cardiopulmonary Bypass Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ventricular Assistance Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pacemakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dialysis Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Implantable Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cobalt Therapy Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERCENTAGE OF TOTAL SALES AND REPAIR FOR ALL TYPE I EQUIPMENT: _____ %

TYPE II EQUIPMENT

- Anesthesia Equipment
- Ventilators
- Defibrillators
- Therapeutic X-Ray, etc
- Neonatal Incubators, Warmers
- Endoscopes
- Ophthalmic Lasers
- Linear Accelerators

PERCENTAGE OF TOTAL SALES AND REPAIR FOR ALL TYPE II EQUIPMENT: _____ %

TYPE III EQUIPMENT

- Electrosurgical Equipment
- Surgical Lasers
- Surgical Tables and Lights
- Telemetry Equipment
- Diathermy Equipment
- General Purpose Radiographic Equipment
- Catheterization Equipment
- CT Scanners
- MRI Scanners
- Nuclear Medicine Units
- Sterilizers, Washers
- Film Processors
- Lab Equipment
- Computers

PERCENTAGE OF TOTAL SALES AND REPAIR FOR ALL TYPE III EQUIPMENT: _____ %

Other (Please list all other equipment sold or Serviced) _____

