



SUPPLEMENT FOR DURABLE MEDICAL EQUIPMENT SALES / RENTAL
(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERAL APPLICATION)

1. Name of Applicant: _____

2. Provide list of each product or equipment type sold/rented including the receipts for each:

Describe Product/Equipment	Receipts from Rental	Receipts from Sales
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Describe the type of client that the applicant sells/rents to and % for each:

- a) Individuals using products in their home: _____%
- b) Individuals in nursing homes or similar residential facilities: _____%
- c) Nursing homes or similar residential facilities: _____%
- d) Clinics/Labs: _____%
- e) Hospitals: _____%
- f) Physicians: _____%
- g) Other: _____%

5. Do you service and/or repair the products sold/rented? Yes _____ No _____

If yes, provide details: _____

6. Are any products manufactured by others and sold under your entity's label?

Yes _____ No _____

If yes, provide details: _____



7. Are any additional products planned in the next 12 months? Yes _____ No _____

If yes, provide details: _____

8. Is a rental/lease agreement signed by customers prior to releasing any rental equipment?

Yes _____ No _____

If yes, provide enclose a copy of the rental agreement.

9. Is a formal written inspection program for rental equipment conducted prior to each rental?

Yes _____ No _____

10. Are manufacturer's labels/directions/instructions provided to customers for all rentals?

Yes _____ No _____

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

a) Name your entity as an additional insured under their product liability policies?

Yes _____ No _____

b) Provide certificates of insurance for products liability to you?

Yes _____ No _____

c) Provide maintenance/service agreements for their product(s)? Yes _____ No _____

d) Hold you harmless for loss arising from their products? Yes _____ No _____

If yes to any of the above, provide details: _____

12. Are all manufacturers/suppliers well-known U.S. firms?

Yes _____ No _____

If no, provide details: _____



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The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: 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 act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)