



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

MEDICAL EQUIPMENT STORES & RENTAL SUPPLEMENTAL (Complete in addition to ACORD App)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Sales/Service Type	Description	Receipts
Medical, Hospital or Surgical Equipment and Supplies – Rented to Others	Includes all sales of items rented to others with delivery, service call or installation	\$
Medical, Hospital or Surgical Equipment Supplies Stores	Includes all sales of items with delivery, service call or installation	\$

2. Indicate the following types of products you rent or sell:
- Emergency or Lifesaving Equipment
 - Medical Waste Products and Handling
 - Nuclear Medicine
 - Oxygen Tank Refill Service
 - Monitoring or Diagnostic Equipment
 - Reprocessed Medical Devices Intended for Single Use
 - Invasive Medical Equipment

(Attach brochures and a complete list of all equipment rented.)

If you checked any of the items above, list the product rented or sold:

	Yes	No
3. Do you offer repair service for rented or sold equipment? If yes, describe repair service offered:	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have written training instructions which are given to lessees regarding proper operation of the products?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you maintain records for each rental (Name of Lessee, Dates Rented, and Equipment Rented)? If yes, how long are these records maintained: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a safety and maintenance program in place? If yes, explain in detail (or attach a copy):	<input type="checkbox"/>	<input type="checkbox"/>

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address