



PHARMACIST/DRUGGIST SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Name of Applicant: _____

Years in Business: _____ Years with same management: _____

If someone, other than the applicant, will be managing the business, what prior experience have they had in this type of operation? _____

*Currently valued loss runs required.

Business Days: _____ Business Hours: _____ to _____

Total Store Area: _____ Sq. Ft.

of Pharmacists: Full-Time: _____ Part-Time: _____

Total # of Employees: Full-Time: _____ Part-Time: _____

REVENUE

Prescription Drugs: \$ _____ Non-Prescription Drugs: \$ _____

Medical Equipment Sales: \$ _____ Medical Equipment Rentals: \$ _____

Please describe all medical equipment: _____

Other sales: \$ _____ Please describe: _____

GENERAL INFORMATION

Has the applicant ever been inspected by a pharmacy inspection/accreditation agency? Y N

If yes, have there been any cited violations? Y N

Does the applicant compound any drugs/medications? Y N

Does the applicant directly import any pharmaceutical products from foreign company? Y N

Is the applicant in compliance with all local, state and federal laws and regulation that Govern the manufacture, control, dispensing and distribution of prescription drugs? Y N

Has applicant's license ever been suspended and/or revoked? Y N

Are all dispensed prescription drugs FDA approved? Y N

Are there contracted pharmacists? Y N

If Yes, does the applicant require Certificates Of Insurance from all contracted pharmacists? Y N

Does the applicant sell or rent products manufactured by others under applicant's own label? Y N



KOOKMIN BEST INSURANCE CO., LTD. (US BRANCH)

505 N BRAND BLVD, STE 1025

GLENDALE, CA 91203

MAIN: 818.254.1040

FAX : 323.425.8330

- Are manufacturer’s labels kept on products? Y N
- Does the applicant manufacture any products? Y N
- Does the applicant provide home delivery service? Y N
- Does the applicant provide Home Health Care Services? Y N
- Are background checks performed on all employed staff members that will be working directly with the patients? Y N
- If Yes, please provide # and description: _____

SECURITY

- Does the risk have and maintain a central station burglar alarm? Y N
- Does the risk have surveillance cameras (CCTV)? Y N

ADDITIONAL COMMENTS

Are there any other unusual exposure/hazards not asked that Leading Insurance Services (LIS) should be aware of prior to releasing a quote for this risk? Please state any matters LIS should be aware of regarding this risk in the space below:



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FRAUD STATEMENT

Please read the statement applicable to your state. Then sign, date and return with your application.

CALIFORNIA: For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

HAWAII: For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

ILLINOIS: Any person who knowingly and with intent to defraud any insurance company or another 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 and subjects the person to criminal and civil penalties.

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 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.

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 the person to criminal and civil penalties.

VIRGINIA: 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.

Applicant's Signature: _____ Date: [Click here to enter a date.](#) _____

Name of Authorized Agent or Broker: _____