

## Distributors Insurance Application

This application is for a Claims Made Policy

**Please answer all questions completely, using attachments if necessary.  
Do not leave any space blank; please indicate "n/a" if a question is not applicable.  
Please attach current financial information for any privately held companies.**

***Please check the appropriate box.***

Application is for:  New Business  Renewal

### Broker Information

1.	Company Name:		
2.	Address:		
3.	Primary Contact Name	Email	Phone
4.	License #: Please provide copy of agency license (must be for state applicant is located in.)		

### Applicant Information

5.	Company Name	
6.	Address:	
7.	Date Established:	
8.	Website Address:	
9.	Phone Number:	

10. Company is:  Individual  Partnership  Corporation  Joint Venture  Other (Describe)

11. Additional Named Insured(s) (including % of ownership):

Additional Named Insured	%

12. Description of Operations and Products distributed:

13. Provide a brief company history, including management profile:

#### 14. Applicant Contact Information

Name	Title	Email
Primary:		
SIR Billing:		
Loss Run:		
Loss Control:		
Claim:		
Finance:		

#### Current Insurance Coverage

15.	Current Insurance Company:	
16.	Current Type of Insurance (Occurrence or Claims Made):	

17.	Policy Renewal Date:	
18.	Current Limit of Insurance:	
	Desired Limit (if different):	
19.	Current Self Insured Retention:	
	Desired Self Insured Retention (if different):	
20.	Current Retroactive Date(s) (if claims made):	

**21. Projected Annual Sales (Please attach any additional information)**

Manufacturer Represented (List All)	Country Where Manufacturer Domiciled	Sales - Gross		Sales – Net*	
		US	Foreign	US	Foreign

**22. Projected Annual Sales - Other Sources**

	Sales - Gross		Sales – Net*	
	US	Foreign	US	Foreign
Leasing				
Service/Maintenance				
Installation				

**23. Product Delivery Method**

Method	Percentage
Delivered by sales representative(s)	
Shipped directly to the customer by you	
Shipped directly to the customer by supplier’s manufacturing facility	

\*Net sales exclude sales returns/allowances and sales discounts

**24. Product Warehousing**

What percentage of your product sales do you take delivery of and store on site?

**25. Sales Representatives**

Type	Percentage	Number
Employee(s)		
1099 Independent Contractor(s)		

26. How many hospital or physician accounts do you have?

27. Do you require evidence of vendors' liability coverage as an additional insured/ insured under your manufacturer-supplier's insurance? (Please submit copies of certificates of insurance) Yes  No

28. Please describe factory training received from manufacturer(s):

29. Please describe Health Care Industry Representatives (HCIR) credentialing:

30. Are you a member of any industry trade organizations? If yes, please identify:

**Claim/Incident Information**

If New Business Application, please answer questions # 31, 32, and 33.

If Renewal Application, please answer only question # 33.

31. Has any insurance company ever cancelled or refused you product-completed operations, errors & omissions or professional medical liability insurance? Yes  No

If yes, please provide details:

32. Loss History for the last 5 years. Please attach previous carrier loss runs. Check here if none

Policy Period	Carrier	#of Claims	\$Amount Paid	\$Amount in Reserves

33. List any incident(s) and/or circumstance(s) which may result in a claim against you under the coverage requested in this application.

34. Additional Comments

## Insurance Fraud Warning

For your protection, the following warning is required by various state laws: any person who knowingly and with the intent to injure, defraud, or deceive any insurance company or other person, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to criminal and civil penalties which may include imprisonment, fines, and denial of insurance.

### State Specific Fraud Warning Statements

#### **ALABAMA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

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#### **ARKANSAS / DISTRICT OF COLUMBIA / LOUISIANA / RHODE ISLAND / WEST VIRGINIA**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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#### **CALIFORNIA**

For your protection California law requires the following to appear on this form:

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.

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#### **COLORADO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholders or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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#### **FLORIDA**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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#### **KENTUCKY**

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 insurance act, which is a crime.

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#### **MAINE / TENNESSEE / VIRGINIA / WASHINGTON**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

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#### **MARYLAND**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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#### **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.

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**NEW MEXICO**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal 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.

**OHIO**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OKLAHOMA**

**WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**OREGON**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

**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 such person to criminal and civil penalties.

The undersigned authorized officer of the applicant warrants that the statements herein are true, and acknowledges that this company is relying on the accuracy of such information in determining eligibility and qualification for insurance.

Completing and signing this application does not bind coverage. Coverage will not be bound, nor will a policy be issued until the applicant signifies acceptance of the company's premium quotation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return your signed application using one of the following:**  
**Fax: (703) 652-1389**  
**Email: [Apps@medmarc.com](mailto:Apps@medmarc.com)**  
**Mailing Address: 14280 Park Meadow, Suite 300, Chantilly, VA 20151**

**WE ARE UNABLE TO BIND COVERAGE WITHOUT A PROPERLY SIGNED AND DATED APPLICATION.**