

Blood Bank Centers Supplemental Application

I. APPLICANT INFORMATION

1.1	Applicant Name:	
1.2	Website(s):	

II. CRITICAL UNDERWRITING QUESTIONS

2.1	Do you provide any other medical services besides blood banking? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2	Do you have a formalized employee verification program including background checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Have you ever had your license or accreditation revoked, suspended or cancelled? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.4	Do you provide any services for another blood bank? If yes, please provide details including with whom and what services you are providing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.5	Do you contract out for either collection or testing of blood? If yes, please provide details including with whom and what services you are providing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	Have you received any FDA warning letters in last three (3) years? If yes, please provide details including response:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	Do you receive or provide services outside of the United States? If yes, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8	During the past five (5) years, has any claim that is within the scope of the proposed insurance been made against the applicant or against any entity or individual whom this proposed insurance is for?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answer to 2.8 is yes, please provide loss runs from the previous carrier.

III. RATING INFORMATION FOR MEDICAL PROFESSIONALS

The following information affects our pricing model and is critical for an accurate assessment of your exposure.

3.1	Please state the types of services you are providing by annual gross receipts for the next projected policy period and the current one:															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 60%;">Type of Services</th> <th colspan="2" style="text-align: center;">Annual Gross Receipts</th> </tr> <tr> <th style="text-align: center;">Projected Policy Period</th> <th style="text-align: center;">Current Policy Period</th> </tr> </thead> <tbody> <tr> <td>Blood Bank:</td> <td></td> <td></td> </tr> <tr> <td>Tissue:</td> <td></td> <td></td> </tr> <tr> <td>Other, please describe: _____</td> <td></td> <td></td> </tr> </tbody> </table>	Type of Services	Annual Gross Receipts		Projected Policy Period	Current Policy Period	Blood Bank:			Tissue:			Other, please describe: _____			
Type of Services	Annual Gross Receipts															
	Projected Policy Period	Current Policy Period														
Blood Bank:																
Tissue:																
Other, please describe: _____																
3.2	Please provide any past or current accreditations for your organization: <input type="checkbox"/> AAAB <input type="checkbox"/> CAP <input type="checkbox"/> CLIA <input type="checkbox"/> JCAHO <input type="checkbox"/> Other: _____															
3.3	If you are a member of either a state or national organization please provide:															
3.4	Is the applicant or any entity aware of any fact, circumstance, situation, transaction, event, act, error or omission which they have reason to believe may or could reasonably be assumed to give rise to a claim that may fall within the scope of the proposed insurance? If yes, please provide details in writing to us.	<input type="checkbox"/> Yes <input type="checkbox"/> No														

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

Blood Bank Centers Supplemental Application

Signature of authorized representative of Applicant

Title

Type / Print name of authorized representative

Date

Producer Signature

Date