

COLONY INSURANCE COMPANY

DURABLE MEDICAL EQUIPMENT

complete w/ home health care agency applicaton if applicable, or accord application if not

1. Expendable Items - intended for one time usage (ie - adhesive tape, bandages, or hypodermic needles, etc.)

Est. receipts next 12 months: \$ _____

Actual receipts last 12 months: \$ _____

Any pharmaceutical prod/solutions sales? Yes No

If yes, what percentage of the above est. receipts will be pharmaceuticals? _____%

2. Non-expendable Items - Excluding diagnostic or treatment equipment or devices. This category includes, but is not limited to hospital beds, bathroom safety bars, portable toilets, patient lifts or hoists, traction apparatus, ambulatory aids such as walkers, strollers, canes, crutches, wheelchairs, prosthetic devices and IV stands, including medical and surgical instruments unless considered diagnostic or treatment, etc.

Est. receipts next 12 months: \$ _____

Actual receipts last 12 months: \$ _____

Any lease or rental of the above equipment? Yes No

If yes, lease/rental of equipment equals: _____% est. receipts for next 12 months

_____% actual receipts for last 12 months

3. Diagnostic or Treatment Devices - This category includes oxygen and other medical gases used in conjunction with respiratory therapy (excluding ventilators), treatment devices or equipment NOT used to sustain life or perform critical life monitoring functions. Also included are blood pressure gauges, IV pumps, portable EKG machines, or sending devices.

Est. receipts next 12 months: \$ _____

Actual receipts last 12 months: \$ _____

Any lease or rental of the above equipment? Yes No

If yes, lease/rental of equipment equals: _____% est. receipts for next 12 months

_____% actual receipts for last 12 months

4. Life Sustaining or Critical Life Monitoring Equipment or Devices - This category includes dialysis or heart/lung machines, apnea monitors, SIDS monitors or any other life dependent monitors or any other equipment or devices that malfunction/failure or improper function of which could result in death or serious deterioration in health condition.

Est. receipts next 12 months: \$ _____

Actual receipts last 12 months: \$ _____

Any lease or rental of the above equipment? Yes No

If yes, lease/rental of equipment equals: _____% est. receipts for next 12 months

_____% actual receipts for last 12 months

- 5. Have any of the products that you distribute ever been recalled? Yes No
If yes, please explain

- 6. Is the applicant named as an Additional Insured -Vendor on the manufacturer=s policy for:
 ALL products SOME products NO products
 If for only SOME products, list those products and the Annual Receipts for each

- 7. Does the applicant obtain certificates of insurance from product suppliers? Yes No

- 8. Do you or have you ever imported products from a foreign manufacturer? Yes No
If yes, identify those products and Annual Receipts for each product

- 9. Are written instructions for the use of the products provided to the user?.... .. Yes No
If yes, are the written instructions reviewed with and required to be signed off by the user? Yes No

- 10. Do you modify any products *in any way* after their original manufacture? Yes No
If yes, please explain

- 11. Do you repackage or relabel any items obtained from suppliers?... .. Yes No
If yes, please explain

- 12. Is any equipment sold with the *applicant=s label*? Yes No
If yes, please describe

- 13. Do you maintain a written equality control program?. Yes No

- 14. Do you have your own sales staff? Yes No
If yes are they trained by the manufacturer? Yes No

- 15. Are all devices and/or equipment checked and their condition documented prior to their release? Yes No

16. Does applicant perform preventive maintenance on all equipment and/or devices according to a written schedule? Yes No
17. Do you repair or sell other people=s used equipment? Yes No
If yes, please explain
18. Are serial numbers of the finished product shown on shipment invoices and complete records kept of inventory shipments? ... Yes No
19. Do you use the services of an EPA approved contractor for the disposal of hazardous waste materials? N/A Yes No
If yes, please describe procedure
21. Are any products flammable or explosive? Yes No
If yes, please explain
22. Does applicant have any exposure to nuclear or radioactive materials? Yes No
If yes, please explain
23. For life sustaining or critical life monitoring devices or equipment, describe the 24 hour service, 365 day/year program that exists
24. Do you distribute oxygen cylinders? Yes No
If yes, are they pre-filled or do you fill them at your premises?
25. Do you follow F.D.A. and D.O.T. regulations for the sterilization and transportation of oxygen? Yes No

MAINTENANCE AND/OR REPAIR OF EQUIPMENT - LEASED OR SOLD

26. Do you subcontract labor for installation, service or repair of any products? Yes No
If yes, please describe what equipment this applies to.

27. Please describe which types of equipment YOU perform maintenance or repairs on.

28. Are manufacturers recommendations followed for all maintenance and repair of equipment?
..... Yes No
If no, please explain

29. Are certificates of insurance obtained from those entities that provide the maintenance
and repair services? Yes No

30. What limits liability do you require of these maintenance and/or repair subcontractors?

31. Have any claims or suits been made within the last five (5) years against the
applicant?... Yes No
If yes, please explain

Additional Comments or Interests: _____

Applicant=s signature **Must have signature to quote*

Title

Date