



Aon Pedorthic Footwear Insurance Program Business Insurance Application

Brought to you by:



Please Print

GENERAL INFORMATION

1. Name of Corporation: _____
2. Mailing Address: _____

3. Phone: (_____) _____ Fax: (_____) _____
E-mail: _____ Website Address: _____
4. Applicant is: Individual Partnership Corporation Other _____

Brief description of your operations: _____

Any other operations other than Orthotics & Prosthetics: Yes No
If yes, please explain: _____

FEIN: _____ State of Incorporation: _____ Years in Business: _____ Effective Date Needed: _____

5. Are you a member of an Orthotic & Prosthetic association? Yes No
Association Name: _____

6. Is your firm accredited or certified by: ABC/BOC State Agency Other (specify) _____

PROPERTY COVERAGE

(Includes business-owned buildings and contents)

Includes locations of all premises owned, or leased if a tenant (use separate sheet for additional locations)

- Location #1: _____
- Location #2: _____
- Location #3: _____

| | Location #1 | Location #2 | Location #3 |
|---|-------------|-------------|-------------|
| Own (O) / Rent (R) | | | |
| Year Built | | | |
| Square Footage | | | |
| Construction | | | |
| # of Stories | | | |
| Plumbing - Year Updated | | | |
| Electrical - Year Updated | | | |
| Roof - Year Updated | | | |
| Heat/Air - Year Updated | | | |
| Fire Protection - (A) Automated (M) Manual (S) Sprinklered | | | |
| Steps Covered in Anti-Slip Surface | | | |
| Handrails on Stairways | | | |
| Parking Lots and Sidewalks Free of Debris and Smooth | | | |
| Adequate Exterior Lighting | | | |
| Curbs, Sidewalks and Steps Color Coded for Raised Surfaces | | | |
| Who is responsible for upkeep of the building (snow, ice, patching)? | | | |
| Building Limit (Replacement Cost) | | | |
| Business Personal Property Limit (Office Equipment, Machinery, Stock, Computers, Property of Others, Tenants Improvements and Betterments) | | | |

Mortgage & Loss Payees: 1) _____
 2) _____
 3) _____

LIABILITY COVERAGE

(Includes product, professional and premises liability)

Limit of Liability: _____ \$1,000,000 Each Occurrence/\$2,000,000 Annual Aggregate
 _____ \$1,000,000 Each Occurrence/\$3,000,000 Annual Aggregate

| PREMIUM BASE DESCRIPTION | ESTIMATED ANNUAL NET* SALES |
|--|-----------------------------|
| Sales of Shoes, Orthotics and Accessories - Include all items you make, fit, alter, adjust and sell as a custom device or as a retail sale. This includes fees for giving advice on use and care of the device. | \$ _____ |
| Repair (non-custom) - Include repairs not involving prescription. | \$ _____ |
| Other Please explain - _____ | \$ _____ |

[*ANNUAL NET SALES REPRESENTS YOUR SALES AFTER YOUR "DISALLOWED" OR UNCOLLECTIBLE IS DEDUCTED. THIS DOES NOT REPRESENT NET PROFIT. **THIS POLICY IS NOT AUDITABLE, SO BE ACCURATE WITH YOUR ESTIMATED SALES.**]

- A. Do you sell, rent, repair, or install (IF NONE, INDICATE 0%): Heart Monitoring Devices __%, Van Lifts __%, Diagnostic Equipment __%, Oxygen __%, Electrical Equipment __%, Automobile Hand Controls __%, Stair/Van Lifts __%, Wheelchairs __%, TENS __%, Traction Devices __%, Surgical Equipment __%, Ramps __%, Non-Invasive Halos/Cranial Devices __%, Invasive Halo/Cranial Devices __%
- B. Do you distribute any foreign products in the US? Yes No If yes, sales \$ _____
- C. Are any of your products sold or distributed overseas? Yes No If yes, sales \$ _____

UMBRELLA LIABILITY COVERAGE

(Catastrophe Coverage)

Limit Desired: \$1,000,000 \$2,000,000 \$5,000,000 Other _____

All of the following questions must be answered and the minimum underlying limit requirements met:
 Business Auto \$1,000,000 CSL; Employers Liability 500/500/500 (subject to company approval)

| | Workers Compensation | Commercial Automobile |
|----------------------------|----------------------|-----------------------|
| Carrier | | |
| Policy Number | | |
| Effective/Expiration Dates | | |
| # of Vehicles | | |
| Auto Liability Premium | | |

1. Do you: Own any Water Craft? Yes No; Own any Air Craft? Yes No; Lease any Air Craft? Yes No

STAFF INFORMATION

| Job Title | # of Employees |
|---------------------|----------------|
| Practitioners | |
| Assistant | |
| Fitter | |
| Technician | |
| Physical Therapists | |

OTHER OPTIONAL COVERAGE/POLICY

(Check any that you are interested in.)

- | | |
|--|---|
| <input type="checkbox"/> Workers Compensation Policy | <input type="checkbox"/> Employment Related Practices |
| <input type="checkbox"/> Business/Automobile Policy | <input type="checkbox"/> Directors & Officers |
| <input type="checkbox"/> ERISA Bond | <input type="checkbox"/> Flood/Wind (if coastal exposure) |
| <input type="checkbox"/> Medicaid Bond | <input type="checkbox"/> Foreign Package |
| | <input type="checkbox"/> Other _____ |

PRIOR HISTORY

Have you had any losses/claims in the past three years? Yes No If yes, please complete the following:

| Description of Loss | Date of Loss | Amount Paid |
|---------------------|--------------|-------------|
| | | |
| | | |
| | | |

Current Insurance Carrier: _____ Years with Current Carrier: _____

Expiration Date: _____ Premium: _____

Broker's Name, if applicable: _____

ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION 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 [NY:SUBSTANTIAL] CIVIL PENALTIES.

Duty of Disclosure

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide the insurers.

In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms.

If all such information is not disclosed by you, insurers have the right to avoid the contract from its commencement which may lead to claims not being met.

Signed _____ Date _____

(Signature of Applicant)

A-6444-0411NP

| |
|---|
| <p>Return to: Affinity Insurance Services 159 East County Line Road Hatboro, PA 19040-1218 (800) 544-2672 (847) 953-4779 Fax</p> |
|---|

FRAUD WARNINGS

NOTICE TO APPLICANTS: 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 ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: 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.

NOTICE TO COLORADO APPLICANTS: 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 POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

(Continued...)

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 A DENIAL OF INSURANCE BENEFITS.

NOTICE TO MARYLAND APPLICANTS: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MINNESOTA APPLICANTS: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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 (365:15-1-10, 36 §3613.1).

NOTICE TO OREGON APPLICANTS: 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 ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.