CAILOR FLEMING INSURANCE
"Insuring your World"

ORTHOTIC & PROSTHETIC PROVIDERS

1. Full Named Insured (Including all legal names and DBAs):

_____

_____

_____

Mailing address: _____

Physical location 1: _____

Additional locations:

_____

_____

_____

Contact Person: _____ Effective Date Requested: _____

Phone #: _____

Email Address: _____

Company Website Address: _____

Tax Identification/FEIN: _____

2. Type of Business: ☐ Corporation ☐ Individual ☐ Partnership ☐ Other (Explain) _____

3. How many years of experience in field: _____ How many years operating under same ownership? _____

4. Gross Revenue - Last 12 Months _____ Gross Revenue Projected Next 12 Months _____

5. Do you bill Medicare/Medicaid? ○ Yes ◉ No

If yes, would you like someone to contact you regarding a quote for a surety bond? ○ Yes ○ No

6. Exposure Breakdown

a. Please specify the percentage of sales (should equal 100%)

_____ Custom Sales _____ Prefab Sales _____ Mass Manufacturing _____ Distributor/Wholesale

_____ Central Fabrication

b. What percentage of your clients are 18 or under? _____

c. What percentage of your products are: _____ Cranial Helmet _____ Halo

7. Do you directly import products or components? ○ Yes ◉ No

If the answer is "yes", please answer the following:

a. What percentage of total revenue is imported? _____

b. What products are being imported?

_____

c. Where are the products coming from?

_____

d. Is there a US presence? ◉ Yes ○ No

8. Please list all of your certifications/accreditations:

_____

_____

9. Do you have a formal risk management procedure in place? ◉ Yes ○ No

10. Do you provide continuing education for your employees? ◉ Yes ○ No

11. Has any claim or suit been brought against your business or employees? ○ Yes ◉ No

If yes, please provide details of claim including date of loss and dollar amount of loss (attach separate sheet if necessary) _____

_____

12. Are you aware of any circumstances, which may result in claim or suit being made or brought against your business or any of your employees? ○ Yes ◉ No

If yes, provide details (attach separate sheet if necessary) _____

_____

PLEASE NOTE THAT CURRENTLY VALUED LOSS RUNS FOR THE LAST 3-5 YEARS ARE REQUIRED TO BIND

TYPE OF PROFESSIONAL	# OF EMPLOYEES
Prosthetist	
Orthotist	
Orthotic/Prosthetic Fitter	
Lab Techs	
Clerical/Administration	
Other - Please Provide Details	

14. Do you require the employee drivers to have their own personal Auto policy? ◉ Yes ○ No

If yes, at what limits? _____

15. Do you order MVRs annual for all employees and volunteers driving their own vehicles on your behalf for business purposes? ◉ Yes ○ No

16. Coverage Limits Requested:

A. General Liability _____

B. Professional Liability _____

C. Hired & Non-owned Liability _____

D. Employee Benefits Liability _____

E. Excess Liability/Umbrella _____

PROPERTY INSURANCE

17. **Physical Address:**

1. _____ **City** **State** **Zip**
2. _____ **City** **State** **Zip**
3. _____ **City** **State** **Zip**
4. _____ **City** **State** **Zip**
5. _____ **City** **State** **Zip**
6. _____ **City** **State** **Zip**

Please complete the following information for each location for which you are requesting Property Insurance

Premises information:	**Location #1**	**Location #2**	**Location #3**	**Location #4**	**Location #5**	**Location #6**
Occupancy: Office, warehouse, other (Please specify other)						
Do you occupy entire space? Please answer Yes or No						
Building Limit *						
Business Personal Property Limit *						
Out Buildings (Garage, Sheds, etc.) *						
Number of Stories						
Construction **						
Protection Class						
Year Built						
Square Feet						
Roof type (please choose from: Wood-Shake or Shingles, Built Up, Tile or Clay, Steel or Metal) ***						
Year of last update on **the roof** ***						
Year of last update on **electrical system** ***						
Year of last update on **plumbing system** ***						
Year of last update on **heating system** ***						
Do you/business own the building? Please answer Yes or No						
Is there any outdoor property, I.E. a fence, that needs to be added to the property schedule? If yes, please list the type of property and limit being requested for that property.						
$25,000 Off-Premises Power Outage Coverage (interruption of utility services). Please specify whether or not you would like this coverage included by answering "Yes" or "No".						

* Values should be at least 100% replacement cost.
** Construction type: A=Wood B=Joisted Masonry C=Masonry Non-Combustible or Fire Resistive Construction
*** Only required if the building is older than 20 years and/or if requesting any property coverage and location is in a coastal state.

18. Please provide the following information on all underlying policies to be included on your Excess Liability Quote:

INSURANCE COMPANY/UNDERLYING POLICY #	POLICY PERIOD	LIMITS	PREMIUM
N/A			

YOUR APPLICATION CANNOT BE PROCESSED UNLESS COMPLETED IN ITS ENTIRETY.

Applicant's Warranty Statement:

The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company.

The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue or incomplete any statement made will immediately be reported in writing to the Company, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

The signing of the application does not bind the undersigned to purchase the insurance, nor does the review of the application bind the Company to issue a policy.

It is understood the Company is relying on the application in the event the policy is issued.

It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued and may be attached to and become part of the policy.

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.

_____ _____ _____

Signature of Applicant | Date | Name & Title

_____ _____

Agency Name | Producer's Signature

Return Completed application to tfurtaw@cailorfleming.com or dfoley@cailorfleming.com