

# Pharmacy Quote Sheet

**(We must have all this information completed in order to review and quote)**

Agency Name \_\_\_\_\_

Named Insured \_\_\_\_\_

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corp \_\_\_\_\_ LLC \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

FEIN # or Social Security Number \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Years in business \_\_\_\_\_ if new or no current coverages years of experience \_\_\_\_\_

Description of operations (If I this is a lessors risk need operations of tenant) \_\_\_\_\_

Renewal Date \_\_\_\_\_ Current Carrier \_\_\_\_\_ Target Premium \_\_\_\_\_ 3

Year prior Losses\_ (3 year company loss runs will be required in order to bind coverage) \_\_\_\_\_

Location Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Protection Class \_\_\_\_\_ Construction Frame \_\_\_\_\_ Joisted Masonry \_\_\_\_\_ Metal \_\_\_\_\_ Masonry Noncombustible \_\_\_\_\_

Property Deductible \_\_\_\_\_ Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_

Sq. Footage \_\_\_\_\_ Central Alarm Yes \_\_\_\_\_ No \_\_\_\_\_ Sprinklered Yes \_\_\_\_\_ No \_\_\_\_\_ # Stories \_\_\_\_\_

Year Built \_\_\_\_\_ (If over 20 year's old need to know year the following were updated):

Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update\_HVAC Update \_\_\_\_\_

General Liability Limited Requested \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_

## **Account Specific Coverages:**

# of Pharmacists \_\_\_\_\_ # of Technicians \_\_\_\_\_

Any Compounding: Yes \_\_\_\_\_ No \_\_\_\_\_

If so: % of non-sterile simple \_\_\_\_\_ % non-sterile complex \_\_\_\_\_ % sterile \_\_\_\_\_

Any Delivery Yes \_\_\_\_\_ No \_\_\_\_\_

If so: Annual revenues generated from delivery \_\_\_\_\_ Annual Delivery Payroll \_\_\_\_\_

## **Optional Coverages**

Employee Dishonesty Limit \_\_\_\_\_ Exterior Sign Limit\_Spoilage Limit \_\_\_\_\_

Employment Practices Limit \_\_\_\_\_ Cyber Liability Limit \_\_\_\_\_

**IN ORDER TO BIND COVERAGE WE ARE GOING TO NEED THREE YEAR LOSS RUNS FROM CURRENT COMPANY (PLEASE GO AHEAD AND REQUEST THEM)AND SIGNED APPLICATIONS.**