

HEFFERNAN INSURANCE BROKERS

Pharmacy Insurance Review Questionnaire

Please complete the form below and email it directly to Steve Boone at steveb@heffins.com.

Are you currently a: Pharmacy Podcast Listener PDS Member PFOA Member Franchise Owner Independent

Owners Name: _____ Email: _____

Cell phone: _____ Primary Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pharmacy Main Website: _____

Current Pharmacy Insurance Company Name: _____ How Many Years: _____

Any Claims Last Three Years: Yes No If Yes, What Type of Loss? _____

Do You Have Workers' Compensation Coverage? Yes No

Do you offer Group Medical Benefits to your employees? Yes No If yes, how many employees have coverage? _____

If Yes: Total Annual Payroll \$ _____ # Employees Full Time _____ # Employees Part Time _____

LOCATION ONE

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales:

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment;
\$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

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LOCATION TWO

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales:

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment; \$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

LOCATION THREE

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales:

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment; \$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

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LOCATION FOUR

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales: _____

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment; \$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

LOCATION FIVE

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales: _____

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment; \$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

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LOCATION SIX

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales: _____

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment;
\$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

LOCATION SEVEN

Entity Name: _____ EIN #: _____ Year Started: _____

Address: _____

City: _____ State: _____ Zip: _____

Total Pharmacy Square Ft.: _____ # Pharmacists: _____ # Technicians: _____

Total Annual Sales: _____

Prescription: \$ _____ % of sales from Compounding? _____ (e.g. 1%, 2% etc.) Non Prescription: \$ _____ (OTC Sales)

Total Annual DME sales: \$ _____ Building Insurance Limit: \$ _____ (if you own and insure the building)

Contents Insurance Limit \$ _____ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment;
\$300,000 is average limit)

Does the Pharmacy Own Any Vehicles? Yes No If Yes, List Year Make and Models:

Does the Pharmacy offer delivery? Yes No If Yes, How Many Deliveries Per Week? _____

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