

## HEFFERNAN INSURANCE BROKERS

### Pharmacy Insurance Review Questionnaire

Please complete the form below and email it directly to Steve Boone at [steveb@heffins.com](mailto:steveb@heffins.com).

Are you currently a:  APPA  Pharmacy Podcast  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:

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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:

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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:

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\_\_\_\_\_

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:

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

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