

## Application for Druggists Liability Insurance

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Questions		Answers
1.	<b>Name and address of Applicant:</b>	
2.	<b>State whether applicant is Individual, Corporation, Partnership or Estate:</b>	
3.	<b>Has Applicant any other liability insurance in force? If so, give details:</b>	
4.	<b>Total number of:</b> a) Registered Pharmacists or Prescription Clerks  b) All other employees	
5.	<b>Total number of stores:</b>	
6.	<b>Has Applicant ever had similar insurance declined or cancelled? If so, give details:</b>	

7.	<p><b>Has Applicant ever paid or had judgement entered against it for damages on account of any malpractice, error or mistake, or any alleged malpractice, error or mistake occurring in the practice of its profession?</b></p> <p><b>If so, give details:</b></p>	
8.	<p><b>Has Applicant any reason to anticipate any claim for damages on account of any malpractice, error or mistake?</b></p> <p><b>If so, give details:</b></p>	
9.	<p><b>Does Applicant engage in any other business?</b></p> <p><b>If so, give details:</b></p>	
10.	<p><b>Amount of Indemnity required:</b></p>	<p>Per Claim:</p> <p>Aggregate:</p>

I/We declare that the statements made above are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of said statements.

Date \_\_\_\_\_

**Signature of Applicant**

Agent \_\_\_\_\_

Signing this form does not bind the Applicant to complete the Insurance.