



International XS
Program Managers

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Orthotics and Prosthetics Program Application

Policy Effective Date: _____

I. ACCOUNT INFORMATION

- 1. Business Name: _____
- 2. Mailing Address: _____
- 3. City: _____ State: _____ Zip: _____ 4. Phone: _____
- 5. Contact Name and Phone Number: _____ 6. Fax: _____
- 7. Coastal State: Yes No (If yes, distance to body of water): _____ 8. Number of locations: _____
- 9. Do you have a website? Yes No (If yes, URL): _____
- 10. Email address: _____

II. DESCRIPTION OF OPERATIONS

- 1. FEDERAL TAX ID #: _____ 2. Corporation: Yes No Individual: Yes No
- 3. Provide a brief description of operations including years in business: _____
- 4. If new venture, please explain your prior experience, how many years, and what position and field this experience is in: _____
- 5. Practitioner for Patient Care Certified by ABC or BOC? Yes No
- 6. Any business conducted other than Orthotics & Prosthetics? Yes No (If yes, please describe): _____
- 7. Current Insurance Carrier: _____ Premium: _____ Years with carrier: _____
- 8. Prior Insurance Carriers and policy dates: _____
- 9. Check off if you are a member of any of the following:
 AAOP Pedorthic Footwear Association AOPA Other: _____
 Is the facility accredited? Yes No

III. CLAIMS HISTORY

1. Have you had any losses in the past 3 years? Yes No (If yes, please describe below):

Description of Loss	Date of Loss	Amount Paid

IV. PLEASE INDICATE ESTIMATED SALES FOR EACH CATEGORY

	Last Term's Sales	Est. updated sales for current term
Practitioner Patient Care: Includes all items fabricated for patients. Custom Products.	\$	\$
Manufacturing: Items manufactured by you and sold to others to distribute. There is no patient care for this class	\$	\$
Wholesale Distribution: Includes all items purchased from others that you resell to other facilities. No direct sales to patients.	\$	\$
Retail Sales: Sales/ Revenue includes pre-fab items that you rent/sell to others. Off-the-shelf items that you do not repackage. Includes 'prefab' custom fit braces.	\$	\$
Medical Equipment Repair: Sales/ Revenue of Medical Equipment that is repaired, installed (no retail sales)	\$	\$

V. INDICATE IF YOU: SELL, RENT, DISTRIBUTE, REPAIR, ANY OF THE FOLLOWING TYPES OF EQUIPMENT:

	Yes	No	% Sales
X-Ray Calibration	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring or diagnostic equipment, life sustaining equipment <i>(if yes, please provide list)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen, respiratory support or respirators	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicle control devices	<input type="checkbox"/>	<input type="checkbox"/>	
Hoists, lifts, ramps, hand controls or auto related equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Surgical Equipment <i>(if yes, please provide list)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
TENS units	<input type="checkbox"/>	<input type="checkbox"/>	
Halos or Cranial Helmets <i>(please circle which, or both if yes)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Products that are implanted or used in surgery	<input type="checkbox"/>	<input type="checkbox"/>	
Wheelchairs, cots, gurneys (other than power wheelchairs)	<input type="checkbox"/>	<input type="checkbox"/>	
Grab Bars <i>(If yes, do you install?)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pharmaceuticals, drugs <i>(if yes, please provide list)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Scooters/ Power Wheelchairs	<input type="checkbox"/>	<input type="checkbox"/>	
Buy, sell or repair used equipment <i>If yes, are they serviced by a qualified individual or company?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you perform invasive procedures? <i>Please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you sell, distribute or repair any invasive products? (example: Knee replacement parts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

1. Please provide a specific description for any "Yes" responses in the previous section. If available, provide brochures with submission: _____

2. For any operation that does repair / service / install of products, please confirm the following:

2a. Are detailed records of all repairs / services/ installation kept on file? Yes No

2b. Are the manufacturer's instructions followed on all repairs/services/installations? Yes No

If no, please explain: _____

3. Do you re-package or re-label any items? Yes No (If yes, please explain): _____

3a. Are manufacturer labels kept on product or removed? _____

4. Do you do any direct importation of foreign products? Yes No If yes, please answer the following:

4a. Do you use an import broker?: Yes No If yes, please include the name and address of import broker: _____

4b. Please provide a list of products that are imported: _____

4c. What percentage of total annual sales are products imported from foreign countries? _____

4d. What country are these products imported from? _____

4e. Are the imported products a key component of the overall product? Yes No

5. Do you require all vendors, manufacturers, distributors and contractors you do business with to provide proof of insurance? Yes No

5a. **IF YES**, Do you require them to carry limits equal to or greater than your limits? Yes No

5b. **IF NO**, will you implement the practice of requesting proof of insurance? Yes No

6. Any subcontracted work? Yes No What is the cost of subcontractors? _____

7. What work is the subcontractor doing? _____

VI. GENERAL QUESTIONS

1. Have you or anyone ever been convicted of fraud, arson or other crimes related to a property loss in the last 5 years? Yes No
2. Have there been any bankruptcies in the past 3 years? Yes No
- 2a. If yes, what type and what is the status? _____

VII. PLEASE PROVIDE THE FOLLOWING REGARDING STAFF

Position	#Employed	Independent Contractor
Total Number of Employees		
Practitioner		
Fitter		
Technician		

VIII. GENERAL LIABILITY

General Liability	Limit	General Liability	Limit
General Aggregate:	\$3,000,000	Professional Liability:	Included
Each Occurrence:	\$1,000,000	Employee Benefit Liability:	\$ _____
Damage to premises you rent:	\$300,000	Hired & Non-Owned Auto Liability:	\$1,000,000
Medical Payments:	\$5,000	Stop Gap Liability: (For OH, ND, WY, WA)	\$ _____

If you are requesting limits other than what is listed above, please specify the limits you are requesting: _____

IX. FACILITY SAFETY

1. Central station alarm (check all that apply): Fire Smoke Break In
2. Monitored 24 hours a day (check all that apply): Fire Smoke Break In
3. Who is responsible for the maintenance of the building, sidewalks, and parking areas? _____

X. ADDITIONAL INSUREDS- Please list name and address below and their interest in your operations

Name/ Address of Additional Insured	Interest of Additional Insured
1.	
2.	

XI. PROPERTY DESCRIPTION/ LOCATIONS

FULL Location Address	# of stories	Construction	Protection Class	Year Built	Sprinklered	Square feet
1.						
2.						
3.						
4.						
5.						

NOTE: If requesting building coverage and building is over 30 years old, please provide information when the roof, plumbing, electrical & heating systems have been updated: _____

1. If a coastal state, please indicate locations' roof type and age of roof: _____
2. Do you/business own the building? Yes No If yes, is there any outdoor property, I.E. a fence, that needs to be added to the property schedule? Please list: _____
3. Are the buildings on a historical registry or in a historical district? Yes No

4. Do you lease any part of the premises to another business or are there any other business activities, other than O&P, conducted on the premises that are not directly related to the coverage being requested on this application? If so, please explain, and specify which locations: _____

5. Is there aluminum wiring? Yes No If yes, is it pigtailed? Yes No

6. Is there knob and tube wiring? Yes No

XII. PROPERTY DESCRIPTION (Please fill out if requesting Property Quote)

Property Coverage:	Location #1	Location #2	Location #3	Location #4	Location #5
Building Value					
Contents Value					
Out Buildings (Garage, Sheds, etc)					

Note: Values should be 100% Replacement Cost.

XIII. Would you like a quote for an Excess Policy, to go over the existing policy limits? Yes No

(Please note: Most information for the Auto & Workers Comp Policies can be found on the Declaration pages of those policies)

1. If yes, what limit is desired? _____ (limits start at \$1 million and up)

2. If yes for Excess, please include the following: **(Note: Underwriter cannot quote without this information)**

Commercial Auto Insurance:

1. Name of Auto Insurance Carrier: _____

2. Effective Date: _____

3. Policy Number: _____

4. Auto Liability Insurance Limit: \$ _____

5. Premium for Auto Liability Only: \$ _____

6. Does the policy provide Hired Auto? Yes No and/or Non-Owned Auto? Yes No

7. Vehicle list: Number of: _____ PPT's, _____ Light, _____ Medium, _____ Heavy

8. Vehicle use: _____ Service, _____ Commercial, _____ Retail

9. Radius of Operation: Is the majority of driving less than 100 miles? Yes No

9a. If more than 100 miles, how often and under what circumstances? _____

10. Are all drivers at least 23 years of age with a minimum of 5 years driving experience? Yes No

10a. If a driver is over the age of 75, a completed physician's statement is needed.

11. Have you had any at fault auto liability losses greater than \$100,000? Yes No

11a. If yes, please provide date of loss, description of loss: _____

11b. Is loss open or closed? _____

11c. What is that amount reserved or paid? _____

12. Are there any "public vehicles" defined as contract business, taxi cabs or livery for hire - fee paid for using or transporting passengers? Yes No

Employers Liability Insurance:

1. Name of WC Insurance Carrier: _____ 2. Effective Date: _____

3. Policy Number: _____ 4. Employers Liability Insurance Limits: _____

5. Premium for Workers Comp: _____

6. Any losses in the past 5 years? Yes No If yes, please list and describe loss including reserve amounts or paid amounts and whether the loss is open or closed: _____

XIV. WOULD YOU LIKE A QUOTE FOR:

Flood Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please complete separate Flood Application)
Wind Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Directors & Officers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employment Practices Liability Coverage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(Please complete separate EPLI Application)

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicant's Signature (If you dont have a digital signature use the pencil tool to sign your name)

Date

Title