

# Druggist Liability Application



## Pharmacy Information

Named Insured:	Date:	Policy #:	Annual Pharmacy Sales Volume: \$																							
State in which registered: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				Registration Number: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																						

## Director of Pharmacy

Name:	# of Yrs.	Number of Licensed Pharmacists:	Number of Technicians:	# Certified
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## Interns

Number of Interns:	If you employ intern what level of duties are they allowed to perform?
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## Claims if you have had any claims please describe the claim along with the cost:

	Date of Loss:	\$
	Date of Loss:	\$
	Date of Loss:	\$

(Attach carrier loss runs)

## Insurance if you are covered by any other professional Liability Policy please fill out the following:

Company Name:	Policy #:
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## Employees

- List years of experience for each pharmacist and technician. \_\_\_\_\_
- How many pharmacy employees are staffed for each shift? \_\_\_\_\_
- Does the supervising pharmacist also own the store and /or manage the front end?  Yes  No
- Who is responsible for supervising pharmacy technicians and assistants? \_\_\_\_\_
- Are pharmacy assistants ever permitted to fill prescription medications?  Yes  No
- Are the pharmacists ever required to work shifts of 10 hours or more?  
If so is this done on consecutive work days?  Yes  No
- Are background checks performed on ALL pharmacy personnel?  Yes  No

## Compliance

- Are you in compliance with all local, state and federal regulations regarding the controlling and distributing of prescription medications?  Yes  No
- Do you have a Pharmacy operations manual in place?  
If yes, please attach. Please include all sections.  Yes  No
- Has your license of Pharmacy ever been suspended or revoked? or has any probationary action been taken against you in the past?  Yes  No

If yes please describe:
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**Operations**

11. Do ALL individual Pharmacists have their own individual E&O professional liability policy in place?  Yes  No

Please list their policy information:

<u>Indv. Pharmacist Name</u>	<u>Insurance Company</u>	<u>Limits</u>	<u>Policy Number</u>
#1 _____	_____	\$ _____	# _____
#2 _____	_____	\$ _____	# _____
#3 _____	_____	\$ _____	# _____
#4 _____	_____	\$ _____	# _____
#5 _____	_____	\$ _____	# _____
#6 _____	_____	\$ _____	# _____
#7 _____	_____	\$ _____	# _____
#8 _____	_____	\$ _____	# _____
#9 _____	_____	\$ _____	# _____
#10 _____	_____	\$ _____	# _____

12. Do you provide extra services such as immunizations, care screenings, blood tests, prescribing or administering drugs or managing drug therapy?  Yes  No

13. Do you specialize in compounding services?  Yes  No

If yes please describe:

14. Do you compound in bulk, manufacturer any drugs or drug products?  Yes  No

15. Do you perform sterile compounding (this includes performing or supervising the performance of?)  Yes  No

16. Are DEA schedule II drugs in a locked area?  
If yes, is access limited to authorized personnel only?  Yes  No

17. Is the access to the pharmacy limited to authorized personnel only?  Yes  No

18. Do you make home deliveries or have pharmacy drive up window?  Yes  No

19. How do you secure the pharmacy area (e.g. locks, alarms, cameras?)

If yes please describe:

20. Hours of operation: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_