

Pharmacy Insurance Review Questionnaire

Please complete the form below and email it directly to Dana Schiller at danas@heffins.com.

Owners Name:	Fmail:	
		State: Zip:
		How Many Years:
Any Claims Last Three Years: ☐ Yes ☐		now many rears:
Do You Have Workers' Compensation		
Do you offer Group Medical Benefits	to your employees? \square Yes \square No \square If yes, \square	how many employees have coverage? # Employees Part Time
LOCATION ONE		
Entity Name:	EIN # :	Year Started:
Address:		
		State:Zip:
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:
Total Annual Sales:		
Prescription: \$ % of sales f	rom Compounding? (e.g. 1%, 2% et	tc.) 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, ro	bot 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:
	Yes □ No If Yes, How Many Deliveries Po	er Week?
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LOCATION TWO			
Entity Name:	EIN # :	Year Starte	d:
Address:			
City:		State: Zip:	
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:	
Total Annual Sales:			
Prescription: \$ % of sales	from Compounding? (e.g. 1%, 2% e	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	d equipment;
\$300,000 is average limit)			
Does the Pharmacy Own Any Vehicle	s? □ Yes □ No If Yes, List Year Make and	Models:	
Does the Pharmacy offer delivery?	☐ Yes ☐ No If Yes, How Many Deliveries P	Por Mook?	
zoos and mannas, oner deniver, r	Ties — NO II les, now Maily Deliveries P	el Week!	
LOCATION THREE			
Entity Name:	EIN # :	Year Started:	
	# Pharmacists:		
Total Annual Sales:			
Prescription: \$ % of sales	from Compounding? (e.g. 1%, 2% e	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, ro	bbot value, furniture, fixtures and ed	quipment;
\$300,000 is average limit)			
Does the Pharmacy Own Any Vehicle	s? □ Yes □ No If Yes, List Year Make and	Models:	
Does the Pharmacy offer delivery?	Vee □Ne If Vee Herri Merri Delli : 5	Dan Wash?	
boos the i harmacy offer delivery:	\square Yes $\ \square$ No If Yes, How Many Deliveries P	rei vveek!	

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EIN # :	Year Started:			
	cate: Zip:			
	# Technicians:			
(e.g. 1%, 2% etc.) Non Pre	scription: \$ (OTC Sales)			
e Limit: \$	(if you own and insure the building)			
nit = total inventory, robot value	, furniture, fixtures and equipment;			
List Year Make and Models:				
w Many Deliveries Per Week? _				
EIN # :	Year Started:			
St	rate: Zip:			
macists:	# Technicians:			
(e.g. 1%, 2% etc.) Non Pre	scription: \$ (OTC Sales)			
e Limit: \$	(if you own and insure the building)			
Contents Insurance Limit \$ (Contents Limit = total inventory, robot value, furniture, fixtures and equipment;				
List Year Make and Models:				
List Year Make and Models:				
List Year Make and Models:				
	macists: (e.g. 1%, 2% etc.) Non Pree Limit: \$ nit = total inventory, robot value List Year Make and Models: We Many Deliveries Per Week? Stancists: Stancists: (e.g. 1%, 2% etc.) Non Pree Limit: \$ (e.g. 1%, 2% etc.) Non Pree Limit: \$ (e.g. 1%, 2% etc.)			

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LOCATION SIX		
	EIN # :	
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:
Total Annual Sales:		
Prescription: \$ % of sale	s from Compounding? (e.g. 1%, 2% etc	a.) 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, re	obot value, furniture, fixtures and equipment;
\$300,000 is average limit)		
Does the Pharmacy Own Any Vehic	eles? 🗆 Yes 🔲 No If Yes, List Year Make and N	Models:
Does the Pharmacy offer delivery?	\square Yes \square No If Yes, How Many Deliveries Pe	r Week?
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LOCATION SEVEN		
Entity Name:	EIN # :	Year Started:
	# Pharmacists:	
Total Annual Sales:		
Prescription: \$ % of sale	s 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 Limit = total inventory, rob	
\$300,000 is average limit)		
Does the Pharmacy Own Any Vehic	les? ☐ Yes ☐ No If Yes, List Year Make and N	Models:
boes the mannaey o will any verne		
Does the Pharmacy offer delivery?		
Does the Fharmacy offer delivery?	\square Yes \square No If Yes, How Many Deliveries Pe	r Week?

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