HUNTERSURE LLC

SUPPLEMENT FOR MEDICAL LABS/TESTING SERVICES
(TO BE COMPLETED ALONG WITH THE ALLIED HEALTH GENERALAPPLICATION)

1. Name of Applicant: _____

2. Complete list by major category of all tests performed broken down by % for each:

_____%	_____%
_____%	_____%
_____%	_____%
_____%	_____%
_____%	_____%
_____%	_____%

3 a) Who does the testing?

i) _____ % Insured's own laboratory/staff

ii) _____ % Laboratory contracted with by the Insured for this service

iii) _____ % Independent laboratories chosen by others

b) If either (ii) or (iii) above, please confirm the professional & general liability limits carried by the laboratory & advise whose letterhead is used when sending out results:_____
_____

4. Are any tests interpreted or diagnosed by the applicant? Yes _____ No _____

If yes, who diagnoses/interprets & what are their qualifications/experience? _____
_____

If no, who diagnoses/interprets the results of the specimens tested by the applicant?
_____
_____

5. Do you verify that the person diagnosing/interpreting the results of the tests carries their own Professional Liability Insurance with equal or greater limits?

Yes _____ No _____ If yes, at what limits? $_____ / $_____

6. Are any diagnoses made by any non-physician members of your staff? Yes _____ No _____

If yes, please provide details:_____

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7. Do you own or operate any mobile lab and/or provide mobile testing services?

Yes _____ No _____

If yes, please provide details on type of testing performed at which types of locations broken down by % of overall operation:

_____

_____

8. Are you involved in any of the following and if the answer to any part of this question is yes, please attach a separate sheet with details regarding the specific tests performed, number annually and % of annual gross receipts:

a) Blood banking or crossmatching? Yes _____ No _____

b) Intravenous transfusion or the procurement of blood or its components?
Yes _____ No _____

c) Medical, genetic or drug research?

d) Manufacturing, dispensing or testing of pharmaceuticals? Yes _____ No _____

e) Manufacturing or selling laboratory equipment or supplies? Yes _____ No _____

f) Performing any type of environmental analyses? Yes _____ No _____

g) Services open to the public (health fairs, shopping malls, exhibits, etc)?
Yes _____ No _____

h) Sending tests to reference labs? Yes _____ No _____
If yes, please advise % sent, name & location of lab & what PL/GL limits are carried by this lab:_____
_____

9. Do you manufacture or distribute any "test kits" used by others including any "home test kits"?

Yes _____ No _____

If yes, please provide details on type of kit and gross receipts for each:_____
_____

10. Are any patients ever present at the applicant's location for the purpose of testing, obtaining specimens or any other reason? Yes _____ No _____

If yes, please provide details:_____

11. Please provide name, qualifications and number of years of experience of Medical Director, manager and/or supervisor(s):

_____

_____

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12. Are random tests performed to audit false positive and/or negative results?

Yes _____ No _____

If no, please explain the reason:_____

13. How long does your lab retain specimens collected for future reference?_____

14. Describe the referral source(s) by which patients are directed to the entity:_____
_____

The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should a Policy be issued, and that this Application will be attached and become part of such Policy, if issued. Underwriters hereby are authorized to make any investigation and inquiry in connection with this Application, as they deem necessary.

FOR KENTUCKY RISKS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

Name of Applicant: _____
Please Print Title

Signature: _____
Name Date

(NOTE: Supplement must be signed by the owner or president or principal)