

Business Owners Package Premium Indication Form

Sponsored by the California Pharmacists Association. Fax this form to: **(213) 346-5946** or call: **(888) 926-CPhA**

Member Information:

Pharmacist Name: _____

Pharmacy Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

e-mail Address: _____ Contact: _____ Best time to call: _____

How Long Have You Owned Your Pharmacy? _____

Business Owners Package *For a premium indication, please include the following information:*

Business Type: Individual Corporation Partnership Other (describe): _____

Pharmacy Type: Community Pharmacy Closed Door Pharmacy Other: _____

Limits: \$2 million/\$4 million Include expanded Pharmacy Services wording

Annual Prescription Drug Receipts: \$ _____ Number of Scripts filled daily: _____

Number of full-time pharmacists: _____ Number of full-time technicians: _____

Current policy expiration date: _____ Current Carrier: _____

Any claims in the last 3 years? No Yes Business Personal Property: \$ _____

Check one: Tenant Building Owner – Building Limit, if Owner: \$ _____

Sprinklered: Yes No Alarm: Central Local Age of Building: _____

Building Construction: Frame Joisted Masonry Masonry Noncombustible Noncombustible Fire Resistive

Workers' Compensation *Complete only if not with Fireman's Fund®*

Present Workers' Compensation Carrier: _____

Current Rate (Per \$100): _____ Policy Renewal Date: _____

Number of Employees: Full time _____ Part Time _____ Annual Employee Payroll: \$ _____

If incorporated, do you wish coverage for yourself or any other officers who own stock? Yes No

Do you provide Group Health Insurance? No Yes . . . If Blue Cross, please provide Group #: _____

Signature:

I authorize Marsh to obtain a Business Owners Package and/or Workers' Compensation insurance premium indication(s) on my behalf:

Signature: _____ Date: _____

Sponsored by:



Underwritten by:



Fireman's Fund®
Insurance Company

Administered by:

MARSH

MMC MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

The insurance policy, not this letter, forms the contract between the insured and the insurance company. The policy may contain limits, exclusions, and limitations that are not detailed in this letter. Coverages may differ by state.

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777 South Figueroa Street, Los Angeles, CA 90017 • (888) 926-CPhA • www.MarshAffinity.com • CPhA.Insurance@marsh.com

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