

HEFFERNAN INSURANCE BROKERS

Pharmacy Insurance Review Questionnaire

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

Are you currently a: APPA Pharmac	y Podcast 🗆 PDS Member 🛛 PFOA M	lember 🛛 Franchise Owner 🗌 Independent		
Owners Name:	Email:			
Cell phone: Primary B	Business Name:			
Address:				
City:		State:Zip:		
Phone:	Pharmacy Main Website:			
Current Pharmacy Insurance Company Nar	ne:	How Many Years:		
Any Claims Last Three Years: \Box Yes \Box No	If Yes, What Type of Loss?			
Do You Have Workers' Compensation Cove	erage? 🗌 Yes 🗌 No			
		ow many employees have coverage?		
If Yes: Total Annual Payroll \$	# Employees Full Time	# Employees Part Time		
LOCATION ONE				
Entity Name:	EIN # :	Year Started:		
Address:				
City:		State:Zip:		
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:		
Total Annual Sales:				
Prescription: \$ % of sales 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 Insurance Limit \$	(Contents Limit = total inventory, rob	ot value, furniture, fixtures and equipment;		
\$300,000 is average limit)				
Does the Pharmacy Own Any Vehicles? \Box	Yes 🗌 No If Yes, List Year Make and N	1odels:		
Does the Pharmacy offer delivery? \square Yes	□ No If Yes, How Many Deliveries Pe	r Week?		
Download Print Clear Form		To submit, print and fax to (925)934.8278		
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LOCATION TWO

Entity Name:	EIN # :		Year Started:
Address:			
City:		State:	Zip:
Total Pharmacy Square Ft.:	# Pharmacists:	# Tech	nicians:
Total Annual Sales:			
Prescription: \$ % of sale	es from Compounding? (e.g. 19	%, 2% etc.) Non Prescriptio	n: \$ (OTC Sales)
Total Annual DME sales: \$	Building Insurance Limit: \$	(if you c	own and insure the building)
Contents Insurance Limit \$	(Contents Limit = total inve	entory, robot value, furnitu	ire, fixtures and equipment;
\$300,000 is average limit)			
Does the Pharmacy Own Any Vehic	les? 🗆 Yes 🛛 No If Yes, List Year Ma	ke and Models:	
Does the Pharmacy offer delivery?			
boes the mannacy oner derivery.	□ Yes □ No If Yes, How Many Deliv		
LOCATION THREE			
	EIN # :		Vear Started
	# Pharmacists:		
Total Annual Sales:			
Prescription: \$ % of sale	es from Compounding? (e.g. 1	%, 2% etc.) Non Prescriptio	n: \$ (OTC Sales)
Total Annual DME sales: \$	Building Insurance Limit: \$	(if you c	own and insure the building)
Contents Insurance Limit \$	(Contents Limit = total inven	itory, robot value, furniture,	, fixtures and equipment;
\$300,000 is average limit)			
Does the Pharmacy Own Any Vehic	les? 🗆 Yes 🛛 No If Yes, List Year Ma	ke and Models:	
Does the Pharmacy offer delivery?	□ Yes □ No If Yes, How Many Deliv	veries Per Week?	
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LOCATION FOUR

Entity Name:	EIN # :	Year Started:
Address:		
		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 equipment;
\$300,000 is average limit)		
Does the Pharmacy Own Any Vehicl	es? 🗆 Yes 🛛 No If Yes, List Year Make and	d Models:
LOCATION FIVE		
Entity Name:	EIN # :	Year Started:
		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, re	bot value, furniture, fixtures and equipment;
\$300,000 is average limit)		
Does the Pharmacy Own Any Vehicl	es? 🗆 Yes 🛛 No 🛛 If Yes, List Year Make and	d Models:
Does the Pharmacy offer delivery?	☐ Yes ☐ No If Yes, How Many Deliveries I	Per Week?
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LOCATION SIX

Entity Name:	EIN # :	Year Started:
Address:		
City:		State:Zip:
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:
Total Annual Sales:		
Prescription: \$ % of sales fro	m 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 equipment;
\$300,000 is average limit)		
Does the Pharmacy Own Any Vehicles?	□ Yes □ No If Yes, List Year Make and	d Models:
		Per Week?
,,		er week:
LOCATION SEVEN		
Entity Name:	EIN # :	Year Started:
Address:		
		State:Zip:
Total Pharmacy Square Ft.:	# Pharmacists:	# Technicians:
Total Annual Sales:		
Prescription: \$% of sales fro	m 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	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:
Does the Pharmacy offer delivery? \Box y	es 🗆 No If Yes, How Many Deliveries F	Per Week?
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