

# Business Owners Package Premium Indication Request



FOR MEMBERS OF THE CALIFORNIA PHARMACISTS ASSOCIATION

400671w

For more information complete the form below and fax to Mercer at: **515-365-0681**, or scan and e-mail to: **LH.Admin@mercer.com**

## Member Information

Member Name \_\_\_\_\_  
Pharmacy Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State CA Zip \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
e-mail Address \_\_\_\_\_ Contact \_\_\_\_\_  
How long have you owned your pharmacy? \_\_\_\_\_

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

**Business Type**  Individual  Corporation  LLC  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  No  Yes Alarm  Central  Local Age of Building \_\_\_\_\_

Building Construction  Frame  Joisted Masonry  Masonry Noncombustible  Noncombustible  Fire Resistive

## Signature

*This is not an application for insurance.*

I authorize Mercer to obtain a Business Owners Package premium indication(s) on my behalf.

Signature X \_\_\_\_\_ Date X \_\_\_\_\_



*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.*