



Name of Pharmacy _____

Address _____

FEIN _____ County _____

Legal Entity

- Individual Partnership Inc/Corporation LLP
- Joint Venture Association LLC Other: _____

Years in business _____

Annual gross sales \$ _____

Payroll \$ _____

- Number of _____
- ... Pharmacists
 - ... Techs
 - ... Full Time Employees
 - ... Part Time Employees

Desired Liability Limits \$ _____

(if own) Building Value \$ _____

Personal Property/Contents Value \$ _____

Property Deductible \$ _____

Year Built	Square Feet	Fire/Burgular Alarm (local/central)	Sprinklered	Construction Type (frame/masonry/etc)	City Limits
_____	_____	_____	_____ %	_____	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

(if over 15 yrs) Any Updates? <i>Please provide year:</i>	Roof	Plumbing	Wiring	Heating
_____	_____	_____	_____	_____

How many owned vehicles _____

Average prescription inventory kept on site \$ _____

Average number of prescriptions filled per day _____

Pharmacy operating system currently used _____

Are you on a perpetual inventory system? Yes No

Any in-home services or delivery provided? Yes No

Do you have a drive-through window? Yes No

Do pharmacists perform or administer any blood testing, diagnostic testing or vaccinations? Yes No

Compounding

Sterile _____ : _____ % of Sales

Non-sterile _____ : _____ % of Sales

Any losses in the past 3 years? Yes No

If so, please describe (and/or attach loss runs)
