Specialty Lines
UNDERWRITERS
1233 North Mayfair Road, Suite 208 • Milwaukee, WI 53226
Phone: 414-778-3560 • Fax: 414-778-3598

SUPPLEMENTAL APPLICATION FOR BLOOD BANK/PLASMAPHERESIS CENTER

APPLICANT'S INSTRUCTIONS:
1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
(PLEASE TYPE OR PRINT IN INK)

Applicant Name: ____________________

1. U.S.F.D.A. License Number(s) ____________________

   Has the FDA license been suspended? [ ] Yes [ ] No. (If "Yes", provide details on separate paper.)

2. Activities:

	Anticipated Next Year	Current Year	Last Year
Paid Donations	________	________	________
Volunteer Donations			
(including:)			
Autologous Donations	________	________	________
Foreign Donations purchased	________	________	________
Pheresis Procedures	________	________	________
Stem Cell Harvesting	________	________	________
Outpatient Transfusions	________	________	________
Therapeutic Plasma Exchange	________	________	________

3. Describe any tissue, organ, sperm or bone marrow banking: ____________________

4. Describe research activities, if any: ____________________

5. Describe blood processing other than typing and storage: ____________________

6. Do you test blood or other samples for others? [ ] Yes [ ] No (Provide details)

7. Since what date have you continuously tested for HIV/HTLV-1? ____________________

8. List all locations: ____________________

9. At approximately how many other locations do you take donations in a year? ____________________

10. Please provide details of any bloodmobiles (number, number of donations annually, how far they travel annually, furthest distance traveled). ____
____
____

11. Are you certified by AABB? [ ] Yes [ ] No. If so, please send copy of latest inspection report.

12. Do you follow AABB procedures? [ ] Yes [ ] No

Please attach a copy of HIV procedure and donor screening procedure, the most recent FDA inspection report and your response.

NOTICE TO APPLICANT: The coverage applied for is SOLELY AS STATED IN THE POLICY, which provides coverage on a CLAIMS MADE BASIS AND IS LIMITED TO COVERAGE FOR THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD.

Any person who knowingly defrauds any insurance company by filing an application for insurance containing any false information or concealing, for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is subject to criminal and civil penalties.

WARRANTY: I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. **I authorize the release of claim information from any prior insurer to Specialty Lines Underwriters, 1233 North Mayfair Road, Suite 208, Milwaukee, WI 53226**.

Name of Applicant*	Title (Officer, partner, etc.)
Signature of Applicant	Date

SIGNING this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.