

BLOOD BANKS – SUPPLEMENTAL APPLICATION

This is a Supplemental Application which attaches to and becomes part of the Lexington Miscellaneous Facilities Application. The Applicant represents that the statements and facts are true and no material facts have been suppressed or misstated. If a policy is issued, this Supplemental Application will become part of the policy as if physically attached. Therefore, it is mandatory that all questions be answered completely. Completion of this Supplemental Application does not bind coverage.

Supplemental Questions

Applicant's Name: _____

1. Please describe the applicant's Professional Liability exposures (historical, current and projected):

| Donations* | | | | | Current Year | Projected |
|------------------------|-------|-------|-------|-------|---------------------|------------------|
| | _____ | _____ | _____ | _____ | _____ | _____ |
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| | | | | | | |
| Total Donations | | | | | | |

Donations* includes (1) drawing of blood or taking of whole blood or blood parts from human body; and (2) outpatient transfusion under a physician's supervision.

2. Enter the Processing percentages:

 Direct Processing

 Indirect Processing

 Total

3. If any blood or blood products are bought or obtained from outside the U.S, please explain; if none are obtained outside the U.S., enter 'N/A.'.

4. Please list the number of current donations by state:

| State | # of Donations | State | # of Donations | State | # of Donations |
|--------------|-----------------------|--------------|-----------------------|--------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

5. Please identify which of the following screening tests the applicant's facility utilizes:

| Screening Tests | Date Testing Started |
|------------------------|-----------------------------|
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| | |
| | |
| | |
| Add More | |

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6. Please list all blood products currently sold by type and amount:

| Blood Product Type | Amount Sold |
|--------------------|-------------|
| | |
| | |
| | |
| | |

7. Is the applicant currently testing all donated blood for HIV-1 and HCV using nucleic acid amplification (NAT) testing?

8. Does the applicant’s facility outsource any blood testing?
If so, provide the name of the test(s) and submit a copy of the agreement.

9. Does the applicant’s facility provide testing for other donor facilities?
If so, provide the following, and submit a copy of the agreement:

| Name and Address of Facility | Name of the Test | Number of Tests |
|------------------------------|------------------|-----------------|
| | | |
| | | |

10. In the past 5 years, if the applicant has ever had a re-survey following a bi-annual AABB assessment, explain and provide copy of results. If the applicant have not had a re-survey, enter, ‘N/A’.

11. Has the applicant’s license ever been revoked or suspended? If yes, please explain.

12. Please submit any risk management guidelines that are used to screen a potential donor/donated blood:
 Risk Management Guidelines
 Infection Control Manual
 Storage Handling Procedures
 FDA Donor Suitability and Blood Products for potential exposure to anthrax
 Other (specify)

13. If the applicant’s facility has engaged in any research activities, please explain.

14. Has the applicant’s facility had any of the following:
 (a) lack of informed consent claims related to the applicantr operations?
 (b) reports of complaints of adverse reactions?
 (c) incidents not yet reported to another carrier?
 If yes to any of the above, please explain.

15. If the applicant is involved in any operations other than blood banking/donation collecting, please explain. If no other operations, enter ‘N/A’.

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- 16. If any Insurance Company with whom the applicant has previously been insured non-renewed or cancelled the applicant's policy, please explain.

- 17. Please provide a copy of the following:
 - (a) Donor screening form and interview procedure form used for all prospective donors.
 - (b) FDA inspection report (most recent) including all FDA correspondence for the past 3 years.
 - (c) Any accreditation agency reports and responses to any recommendations.
 - (d) Donor screening process.
 - (e) **LOSS HISTORY** – Submit company produced 5 year loss history with clearly marked valuation date with breakdowns of incurred losses (including paid and reserves for indemnity and expenses), current status and an explanation for each loss (with detailed explanations for large losses).

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS SUPPLEMENTAL APPLICATION SHALL BE PART OF THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS SUPPLEMENTAL APPLICATION WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE APPLICANT.

Name of Applicant: _____

Title: _____

Signature: _____

Date: _____