



SUPPLEMENTAL APPLICATION

**LABORATORY and IMAGING CENTERS
MISCELLANEOUS HEALTHCARE FACILITIES**

This application must be completed, signed and dated by the applicant. All questions must be answered completely. The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation. If any question does not apply, indicate NOT APPLICABLE. If space is not sufficient to properly answer the question, please provide the details in the Additional Information section of this form or you may attach a separate page using your letterhead. To use this form, you may mouse click on a field or move between fields using the tab key. To check a box, you may mouse click or press the space bar.

I. GENERAL INFORMATION

1 Applicant Name:

II. OPERATIONS

- 1
- 1. Hours of operation:
 - 2. How man shifts are maintained?
 - 3. Type of laboratory or imaging services provided: (indicate all the apply)

Annual Gross Receipts

	Projected	Current Year	Prior Year
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- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Dental | | | |
| <input type="checkbox"/> Medical | | | |
| <input type="checkbox"/> Ocular | | | |
| <input type="checkbox"/> Pathology | | | |
| <input type="checkbox"/> Pharmaceutical | | | |
| <input type="checkbox"/> Quality Control | | | |
| <input type="checkbox"/> Research | | | |
| <input type="checkbox"/> X-Ray/Imaging/MRI | | | |

Other:

2 Specimen Collection

- a. Directly from patient %
 - b. From outside sources %
- Must total 100%

ADDITIONAL INFORMATION

Please use the space provided below to provide additional information as required by individual questions in this application. Use additional sheet(s) if necessary.

Section # and Question #	Comments

I understand the information submitted herein becomes a part of my General Star Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner:	Print or Type Name and Title	Date:
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