

## Individual Pharmacist Professional Liability



The Pharmacists Mutual professional liability policy is tailored specifically for you. With over 100 years' experience in the pharmacy profession, we understand the risk and challenges you face. As you know, the pharmacy profession is ever-changing and expanding, and with these changes, there is a proportional risk in professional liability exposure. Our goal is to offer peace of mind, and we believe that goes beyond providing only insurance coverage.

# Are You Covered?



**WHAT IF** you were named individually in a lawsuit and it required specific defense counsel?



**WHAT IF** your current employer does not have the proper coverage in place to protect you?



**WHAT IF** you have a second job, volunteer, or give advice to a friend or neighbor?

### WHO WE COVER

- EMPLOYED PHARMACISTS
- HOSPITAL PHARMACISTS
- COMMUNITY PHARMACISTS
- CLINICAL PHARMACISTS
- LONG-TERM CARE PHARMACISTS
- NUCLEAR PHARMACISTS
- CONSULTANT PHARMACISTS
- SELF-EMPLOYED PHARMACISTS
- VOLUNTEER PHARMACISTS
- RETIRED PHARMACISTS
- PHARMACY INSTRUCTORS
- STUDENT PHARMACISTS

### LIMITS OF LIABILITY AND WHAT WE COVER

Limits of \$1 million per occurrence and \$3 million aggregate (higher limits may be available)

- Coverage Options:
  - » Exclude Sterile Compounding
  - » Include Sterile Compounding
  - » Advanced Pharmacist License Coverage
- Immunizations and Other Drug Administration
- Drug Regimen Reviews and Medication Therapy Management (MTM)
- Drug or Drug-Related Research
- Medication Consultation
- Drug and Device Storage
- Participation in Drug and Device Selection

Loss of Earnings - \$1,500 per day, up to \$50,000 limit

Pharmacist License Defense - \$250,000 limit

Board of Pharmacy Imposed Fees - \$2,500 limit

HIPAA Claim Defense - \$50,000 limit

Assault - \$25,000 limit

Sexual or Physical Abuse Liability - \$50,000 limit (higher limits may be available)

## Looking for Personal Insurance?

Call today for a free no obligation proposal.

- Home and Renters
- Auto
- Personal Umbrella
- Boat
- Life and Disability



Pharmacists Mutual Insurance Company  
808 Highway 18 W | PO Box 370  
Algona, Iowa 50511  
P. 800.247.5930 | F. 515.295.9306  
[info@phmic.com](mailto:info@phmic.com)

[phmic.com](http://phmic.com)

Not licensed to sell all products in all states and territories.  
Life and disability insurance are written through PMC Advantage Insurance Services, Inc., a wholly owned subsidiary of Pharmacists Mutual Insurance Company.  
PMC 2101 (0/00)

# Apply Today

You can apply today online at  
phmic.com/pharmacy-professional-liability/

## APPLICATION FOR INDIVIDUAL PHARMACIST PROFESSIONAL LIABILITY INSURANCE

Designed Specifically As An Excess Policy

Answer All Questions - Please print - An incomplete application will be returned.

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Policies issued in Kentucky are subject to a county surtax that is not included in the stated premium and is billed upon policy issuance.

Is this address located within city limits?  Yes  No E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Effective date of the policy:  Upon acceptance by company  Other \_\_\_\_\_ Effective date desired \_\_\_\_\_

State in which you are licensed \_\_\_\_\_ License number (intern number if student) \_\_\_\_\_ Graduation Date \_\_\_\_\_

List additional states and license numbers \_\_\_\_\_

Coverage Limits  \$1,000,000 per occurrence/\$3,000,000 aggregate  \$2,000,000 per occurrence/\$4,000,000 aggregate

**Advanced Pharmacist License Coverage** *Advanced Pharmacist License means a license that allows an additional scope of practice authority based on the specific rules outlined in the state. This may include providing direct patient care under an agreement with a supervising physician. Advanced Pharmacist License Designations include Advanced Practice, Clinical Pharmacist Practitioner, or Pharmacist Clinician. This is applicable in CA, MT, NM, and NC.*

**CHOOSE A CLASSIFICATION:** *(If more than one classification applies, please call 800.247.5930 for quote.)*

- Owner or Partner of a Pharmacy or Pharmacy-related business  
 Business Professional Liability Insurance with Pharmacists Mutual Insurance Company?  Yes  No

Business Name \_\_\_\_\_ Business Address \_\_\_\_\_

- Employed Pharmacist (receive IRS Form W-2 Wage and Tax Statement)** *An individual who is a licensed and registered pharmacist. Includes an employee of a community pharmacy, chain pharmacy, hospital, or other facility where an IRS W-2 Form Wage & Tax Statement is received at year end. Also includes pharmacy students who have completed their state boards and are licensed.*

Employer Name \_\_\_\_\_ Employer Address \_\_\_\_\_

- Self-Employed Relief/Independent Contractor Pharmacist (receive IRS Form 1099-MISC)** *Contact Pharmacists Mutual Insurance Company at 800.247.5930 or email us at info@phmic.com concerning other important coverages you may need.*

- Self-Employed Consultant Pharmacist (receive IRS Form 1099-MISC)** *Contact Pharmacists Mutual Insurance Company at 800.247.5930 or email us at info@phmic.com concerning other important coverages you may need.*

- Instructor at Accredited School or Facility** *Works as a classroom instructor at an accredited school of pharmacy or pharmacy educational facility and works less than 10 hours per week outside of the classroom as an employed or self-employed pharmacist.*

School \_\_\_\_\_

- Pharmacy Student/Intern** *A pharmacy student who has not yet completed the state boards and is not registered. This would include undergraduate students, interns, and graduate students.*

School \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Where is your primary practice setting?  Community/Independent Pharmacy  Home Health Care  Hospital Pharmacy

Care Facility (Nursing Home, LTC, Extended Care)  Chain Pharmacy  Home Infusion  Mail Order Pharmacy

Hospice  Nuclear Pharmacy  Ambulatory Clinic  Staffing Agency

Student  Internet Pharmacy (provide website) \_\_\_\_\_  Other \_\_\_\_\_

Has your Pharmacists Mutual Individual Professional Liability policy been canceled within the past thirty days?  Yes\*  No

Do you have an individual professional liability policy with another carrier?  Yes\*  No

Do you perform sterile compounding (this includes performing or supervising the performance of IV admixture program)?  Yes\*  No

Do you manufacture or wholesale any drugs or drug products?  Yes\*  No

Have you ever had professional liability insurance declined, canceled, or non-renewed for any reason other than for non-payment of premium? (not applicable for MO residents)  Yes\*  No

Has any claim or lawsuit for Pharmacy Professional Liability ever been brought against you or are you aware of any incidents that may result in a claim or lawsuit?  Yes\*  No

Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action for any reason by a court, regulatory agency, or Board of Pharmacy?  Yes\*  No  
*\*If you answered 'yes' please attach a detailed explanation.*

**INCREASED LIMITS – SEXUAL OR PHYSICAL ABUSE LIABILITY\***  \$100,000  \$250,000  
*\*Sexual or Physical Abuse Coverage of \$50,000 is included in policy*

This application does not bind coverage. Coverage is effective when policy is issued.

Mail completed application and payment to:

Attn: Pharmacists Professional Liability  
Pharmacists Mutual Insurance Company  
PO BOX 370  
Algona, Iowa 50511

Signed  
PM76 0419

Date \_\_\_\_\_