Worldwide Facilities, LLC
WWW.WWFI.COM

BLOOD BANK APPLICATION

NOTICE: This is an application for a claims made and reported policy. The limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim and defense expenses, as defined in the policy.

Please note that the defense cost provision of the policy stipulates that the limits of liability may be completely exhausted by the cost of legal defense. Any deductible or retention shall apply to investigation expense and defense costs as well as indemnity.

ALL QUESTIONS IN THIS APPLICATION MUST BE ANSWERED TRUTHFULLY AND COMPLETELY FOR ALL PERSONS OR ORGANIZATIONS APPLYING FOR INSURANCE UNDER THIS APPLICATION. IF A QUESTION OR SECTION IS NOT APPLICABLE, PLEASE ANSWER "NA". IF THE ANSWER TO A QUESTION IS NONE, STATE "NONE" OR "0". IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE PROVIDE A SEPARATE ATTACHMENT AND IDENTIFY THE QUESTION IT RESPONDS TO.

This application is a word document that allows applicant to enter information in the empty sections. Any alteration of this application (other than sections reserved for answers) is expressly prohibited. This document is configured so that each data entry section will expand to accommodate the information. A box for detailed commentary has been provided below each major section of the application.

General Information

Applicant's Name: _____

Web Site: _____

Business Address: _____
Street City County State ZIP

Mailing Address: _____

Date Business Started: _____Employer Federal Tax ID #: _____Telephone #: _____

Applicant is a:

☐ Corporation ☐ Partnership

☐ Partnership Association ☐ Sole Proprietorship

☐ Joint Venture ☐ Other (*Please Explain)* _____

Applicant operates: ☐ For Profit ☐ Not for Profit

1. Please describe the number and type of donations (historical, current and projected):

Donations* ☐ Fiscal ☐Calendar	**YEAR** _____	**YEAR** _____	**YEAR** _____	**YEAR** _____	**CURRENT YEAR** _____	**Projected next 12 months** _____	**CURRENT YEAR REVENUES** _____	**Projected next 12 months revenues** _____
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; and (3) paid vs. volunteer

2. Are any blood or blood products bought or obtained from outside the U.S.? ☐Yes ☐No If yes, please explain.

_____

_____

3. Please list the number of current donations by state and facilities used to obtain the donations.

Describe any bloodmobile operations (number, annual donations, average distance traveled and farthest distance traveled) _____

State	**# of Donations**	**State**	**# of Donations**	**State**	**# of Donations**

4. Please identify the screening tests your facility utilizes:

Screening Tests	**Date Started Testing**

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

Blood Product Type	**Amount Sold**

6. Please identify the number of individuals in the following categories who provide services in or on behalf of your facility(ies):

	Employee	Independent Contractor
Physician		
Nurse Practitioner		
Physician Assistant		
Cytotechnologist		
Lab Technician		
Phlebotomist		
Registerd Nurse		
Other		
Other		

7. Are you currently testing all donated blood for HIV-1 and HCV using nucleic acid amplification (NAT) testing?
☐ Yes ☐No

8. Does your facility outsource any blood testing? ☐ Yes ☐ No
If yes, please (1) name the test and (2) submit a copy of the agreement.

_____

_____

_____

8. Does your facility provide testing for other donor facilities? ☐ Yes ☐ No
If yes, please indicate (1) name/address of the facility, (2) name of the test, (3) total number of tests, and (4) submit a copy of the agreement.

_____

_____

_____

9. Please check the box if you are accredited by:

AABB	☐ Yes ☐ No
ARC	☐ Yes ☐ No
ABC	☐ Yes ☐ No
JCAHO	☐ Yes ☐ No
Other (specify): _____	☐ Yes ☐ No
Other (specify): _____	☐ Yes ☐ No

If yes to any of the above, provide (1) when assessment occurred (month/year) and (2) result: _____

_____

_____

_____

10. In the past 5 years, have you had a re-survey following a bi-annual AABB assessment? ☐ Yes ☐ No
If yes, please explain and provide copy of the results. _____

_____

_____

11. Has your license ever been revoked or suspended? ☐ Yes ☐ No If yes, please explain.

_____

_____

_____

12. Please submit any risk management guidelines that are used to screen a potential donor/donated blood:
    - Risk Management Guidelines ☐ Yes ☐ No
    - Infection Control Manual ☐ Yes ☐ No
    - Storage Handling Procedures ☐ Yes ☐ No
    - FDA Donor Suitability and Blood Products for potential exposure to anthrax ☐ Yes ☐ No
    - Other (specify) _____ ☐ Yes ☐ No

13. Is your facility engaged in any research activities? ☐ Yes ☐ No If yes, please explain.

_____

_____

_____

14. Has your facility had any of the following:
    (a) lack of informed consent claims related to your operations? ☐ Yes ☐ No
    (b) reports of complaints of adverse reactions? ☐ Yes ☐ No
    (c) incidents not yet reported to another carrier? ☐ Yes ☐ No
    (d) FDA or voluntary recalls in the past 5 years? ☐ Yes ☐ No
    (e) regulatory violations of any kind in the past 5 years?

    If yes to any of the following, please explain.

    _____

    _____

15. Are you involved in any operations other than blood banking/donating/collecting? ☐Yes ☐ No If yes, please explain.

    _____

    _____

16. Has any insurance company with whom you have previously been insured non-renewed or cancelled your policy? ☐ Yes ☐ No If yes, please explain. _____

_____

_____

17. Please provide a copy of the following:

    - ☐ Donor screening form and interview procedure form used for all prospective donors.
    - ☐ FDA inspection report (most recent) including all FDA correspondence for the past 3 years.
    - ☐ Any accreditation agency reports and responses to any recommendations.
    - ☐ Donor screening process.
    - ☐ LOSS HISTORY-Submit company produced 5 year losses 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).
    - ☐ Latest year financial statements (for profits only)
    - ☐ Informed consent documents

18. Is Applicant aware of any fact, circumstance, or situation which he or she has reason to suppose might give rise to any claim that would fall within the scope of the proposed coverage? (if yes, provide details)

    _____

    _____

Without prejudice to any other rights and remedies of the company writing this insurance, the **Applicant** understands and agrees that if any such fact, circumstance, or situation exists, whether or not disclosed in response to question 1 above, any claim or action arising from such fact, circumstance, or situation is excluded from coverage under the proposed policy, if issued by the company.

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF CHUBB GROUP OF INSURANCE COMPANIES ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

For the purposes of this application, the undersigned authorized agents of all person(s) and organization(s) proposed for this insurance declares and acknowledges by executing this application that, no alterations were made to this application (other than sections reserved for answers), he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents, and that to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete for all persons or organizations applying for insurance under this application. Chubb is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued. If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

<table>
<tr><td>Authorized Signature of Applicant</td><td colspan="2">Date</td></tr>
<tr><td>Print Name</td><td colspan="2">Title</td></tr>
<tr><td>Applicant</td><td colspan="2">Authorized Agent (Please Print Name)</td></tr>
<tr><td>Authorized Agent (Signature)</td><td>Title</td><td>Date</td></tr>
<tr><td>Submitted By (Insurance Agent)</td><td colspan="2">Insurance Agency</td></tr>
<tr><td>Insurance Agency Taxpayer ID or Social Security No.</td><td colspan="2">Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required)</td></tr>
<tr><td colspan="3">Address (No., Street, City, State, and ZIP Code)</td></tr>
</table>

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

Notice to Arkansas, Louisiana, Minnesota, New Mexico and Ohio Applicants: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false, fraudulent or deceptive statement is, or may be found to be, guilty of insurance fraud, which is a crime, and may be subject to civil fines and criminal penalties.

Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

Notice to Florida Applicants: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Notice to Kentucky Applicants: 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 material fact thereto, commits a fraudulent insurance act which is a crime.

Notice to Maine, Tennessee, Virginia and Washington Applicants: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Notice to Maryland Applicants: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oklahoma Applicants: Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony.

Notice to Oregon and Texas Applicants: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Puerto Rico Applicants: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Notice to New York Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to: a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.