



Pharmacy Questionnaire

255 N.W. Blue Parkway, Suite 102 Lee's Summit, MO 64063
Ph# (816) 251-1670 Fax# (816) 251-1671
submissions@avantsupermarketgroup.com

**Questionnaire is required prior to any quote release.
Please complete all sections or mark N/A if not applicable.**

Account Name:

Location Address:

Number of Pharmacists:

Pharmacy sales:

Number of prescriptions filled per year:

Have you been sued or have any claims been made against you in the last 5 years?.....Yes No
If yes, please provide details:

Do you have any knowledge of any claims which might be made against you?.....Yes No
If yes, please provide detail:

Has your license ever been restricted, suspended, revoked, on probation, or denied?.....Yes No
If yes, please provide details:

Have you ever received a letter of concern or reprimand from the State Licensing Board?.... Yes No
If yes, please provide details:

Do you require all Pharmacist to carry their own Professional Liability coverage?..... Yes No
If yes, please provide copies or certificates for each individual showing limits carried.

Are you named as an Additional Insured on each individual's Professional Liability policy?...Yes No

Do you manufacture or compound in bulk pharmaceuticals for sale by others?.....Yes No

Is a licensed Pharmacist in attendance at all times during pharmacy operations?.....Yes No

Do all prescription's include name, address, date, drug name, strength, and quantity?.....Yes No

Do your Pharmacist prescribe and/or administer drugs?..... Yes No

Do any employees (or Pharmacist) prescribe and/or administer vaccinations?.....Yes No
If yes, please provide details:

Do any employee's (or Pharmacist) perform blood test?.....Yes No

Do you provide any mail order or internet pharmacy services??.....Yes No
If yes please provide details:

Do you have any automated dispensing devices on premise?.....Yes No
If yes, please provide details:

Additional comments:

Agent

Name/Signature:

Date: