



## Supplemental Questionnaire: **Pharmacy Services**



### **Instructions:**

1. This application must be completed in conjunction with the Pro-Praxis Allied Healthcare Application.
2. Answer ALL questions completely, leaving No blanks. If any questions, or part thereof, do not apply, print “N/A” in the appropriate space. Any spaces left blank will be interpreted to not apply.
3. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.

---

PRODUCER’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_