

ASK YOUR AGENT

Show me where the policy specifically covers me for:

Policy page #

Dispensing errors....._____

Pharmacy technicians....._____

Drug substitutions....._____

Patient counseling....._____

Compounding....._____

Maintenance of records....._____

Drug utilization review....._____

Pharmaceutical care....._____

Immunizations....._____

Does the policy cover just the **corporation** pharmacy activities or does it cover me as an **individual** 24 hours a day, especially away from the pharmacy (i.e., consultation)?

Does the policy indicate that coverage is for “pharmacist liability” or “druggist liability”?
Does that mean coverage for counseling, even if no prescription is filled; drug substitution, interpretation of prescription orders, drug review under OBRA '90?

“Who is insured” under the policy? Are all employees covered for professional liability?
Are employed pharmacists and **pharmacy technicians** covered? Including when each performs “professional health care services”?

Agent's signature _____ Date _____