

PHOTOCOPYING SERVICES SUPPLEMENTAL APPLICATION

1. Complete the appropriate sections indicating the approximate percentages of your total operations:

Medical _____ %
Legal _____ %
Other (describe) _____ %

2. Do you have procedures to obtain proper releases from all parties prior to releasing materials?

Yes No

3. Indicate the percentage of revenue from the following services:

Document destruction _____ %
Document storage _____ %
Billing services _____ %
Answering services _____ %
Administrative services _____ %
Other not listed above _____ %

It is understood that this supplement becomes a part of the Professional Liability Application.

Date: _____ Signature: _____

Title: _____