



**Florida Doctors Insurance Company  
Healthcare Facility Professional Liability  
Medical / Pathology Laboratory Supplement**

**The supplement is not a complete application for insurance. It must be submitted in conjunction with Florida Doctors Insurance Company's Healthcare Facility Professional Liability Insurance Application and all other required information.**

Facility Name: \_\_\_\_\_

Type of Services Provided:

**The data provided should be projected for the 12 months to be covered under the policy.**

<b>Type of Service Provided</b>	<b>Annual Gross Revenue</b>
Assisted Reproductive Treatment / Techniques	\$
Blood Bank	\$
Blood Gas	\$
Chemistry	\$
Cytology	\$
DNA / Genetic Testing	\$
Endocrinology	\$
Hematology	\$
Histology	\$
Immunology	\$
Microbiology	\$
Molecular Diagnostics	\$
Parasitology	\$
Paternity Testing	\$
Pathology	\$
Serology	\$
Sperm Bank	\$
Toxicology	\$
Urology	\$
Virology	\$
Other (describe):	\$

