

Spa, Anti-Aging Medicine and Weight Management Short Form Application

1. Complete legal name and D/B/A of the Applicant: _____

2. Principal Business Address: _____

3. Additional Locations: _____

4. Years in operation: _____ Phone: _____ Email: _____ Fax: _____

5. Number of Employees: _____ Full Time: _____ Part Time: _____

6. Complete Name & specialty of the Applicant's Medical Director: _____

7. Complete name and specialty of any physician(s) that need(s) coverage under this policy for direct patient care: _____

8. If current Professional Liability coverage is in force for these activities please specify: Carrier: _____
Limits: _____ Retroactive Date: _____

9. Annual Gross Revenues: check one \$1-\$500,000 \$500,001 - \$1,000,000
 \$1,000,001 - \$2,000,000 \$2,000,001 +

10. We are seeking professional liability insurance for traditional spa treatments, medical aesthetic treatments, anti-aging therapies and/or weight loss services.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
11. We are NOT seeking medical malpractice liability insurance for primary medical care or other physician practice including any missed or failed medical diagnosis/treatment/care of any illness/disease/disorder.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
12. All medical aesthetic and spa treatments/procedures we offer are performed in a professional office or spa location setting only (never at any personal residences). NOTE: Coverage is restricted to only those locations listed in Question 2 and 3 above.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
13. Our professional employees and/or independent contractors are each properly licensed or certified in accordance with applicable state and federal regulations.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
14. We do NOT make any false or misleading claims about the treatments/procedures we offer.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
15. We do NOT have current knowledge of any incident or circumstance that could reasonably be expected to give rise to a claim for the proposed insurance coverage.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
16. We have NOT had any prior professional liability claims made against us or our professional employees or independent contractors.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
17. We require that all professional employees and independent contractors be adequately and properly trained in the treatments/procedures we offer, and understand and agree that if we are unable to provide immediate evidence of such training at insurance carrier's request, a claim arising from the untrained professional(s) may be denied coverage	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
18. All of our employees or independent contractors who perform massage therapy have formal training in proper and safe massage techniques.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No massage performed
19. All of our employees or independent contractors who perform laser hair removal, laser skin treatments and/or laser vein removal have attended formal training in the proper and safe use of laser equipment including pre- and post-operative care of laser patients.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No laser performed
20. The annual number of laser hair removal, laser skin treatments and/or laser vein removal has NOT exceeded 5,000 treatments.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No laser performed
21. All of our employees or independent contractors who perform aesthetic injection treatments including Botox, dermal filler injections, mesotherapy or other fat-dissolving injections have attended formal training in the proper and safe administration of such injection treatments including potential complications and responses to those complications. NOTE: Standard injections do NOT include Platelet Rich Plasma injections or fat transfers.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No injection performed

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22. We have not discontinued any procedures and we are not looking for past coverage for procedures that we are not currently performing.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE
23. The annual number of aesthetic injection treatments including Botox, dermal filler injections, mesotherapy or other fat-dissolving injections combined has NOT exceeded 3000 treatments.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No injection performed
24. We always obtain and store signed and dated Informed consent documents for all treatments/procedures performed by us (however this statement does not apply to basic cosmetology services such as hair, nails, non-laser facials, waxing, body wraps).	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> We only perform basic cosmetology services
25. All of our employees or independent contractors who provide hormone therapy such as HCG for medically supervised weight loss services are licensed medical doctors, nurse practitioners and/or physician assistants with documented specialties or sub-specialties in nutrition or general medicine.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No hormone therapy for weight loss performed
26. All of our employees or independent contractors who provide hormone therapy for anti-aging health services such as BHRT are licensed medical doctors, nurse practitioners and/or physician assistants with documented specialties or sub-specialties in anti-aging medicine.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No hormone therapy for anti-aging health performed
27. All of our employees or independent contractors who perform any form of laser-assisted liposuction surgery are licensed medical doctors or surgeons with documented specialties or sub-specialties in dermatology or medical aesthetic medicine.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No laser-assisted liposuction performed
28. All licensed medical doctors or surgeons who perform any form of laser-assisted liposuction surgery, maintain at all times during this proposed insurance period, his/her own malpractice liability insurance policy(s) that insures him/her for this work.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> No laser-assisted liposuction performed
29. We warrant that all statements in this application have been truthfully answered and we have not misstated any material fact and understand that this application shall be the basis of the contract with the insurance carrier.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE

Additional Comments

Agent Name/Contact

Print Name & Title

Signature:

Title:

Date: