

REGENERATIVE MEDICINE SUPPLEMENTAL APPLICATION

- **NOTE:** When answering the following questions, please include information pertaining to all Stem Cell Treatments/Products, including any derivative thereof, but do not include any Platelet-Rich Plasma (PRP) related treatments.
- Answer all questions that apply or select "N/A" if Not Applicable to your operations.

1) Full Name of Applicant:

2) Do you perform any stem cell transplantation or treatments other than autologous? Yes No N/A
If No, please skip to question 3.

If Yes,

(a) What type of stem cell products are you using?

(b) Describe accredited training and experience for all persons providing the procedures listed on this questionnaire.

(c) Where do you purchase your stem cell products? (List all vendors)

(d) Are all vendors FDA Regulated/FDA Approved? Yes No N/A

(e) Are all of the above-listed stem cell products FDA approved? Yes No N/A

(f) Have all stem cell products been tested for viral, bacterial or fungal infections? Yes No N/A

3) (a) What type of stem cell procedures/treatments are being performed including which ailment or condition are they meant to treat?

(b) Have such procedures undergone clinical trials and have they been FDA approved? Yes No N/A
If No, please provide details:

(c) Do you process and use the Stem Cells during the same visit in which they were collected? Yes No N/A

If No, do you have a formal chain of custody procedure to make sure collected stem cells are only used by the donor?

Yes No N/A

Please provide details:

4) Describe accredited training and experience for all persons providing the procedures listed on this questionnaire. Please provide any training documentation.

5) What type of laboratory stem cell processing equipment is used?

6) Is your office/clinic adequately prepared and have procedures in place to handle emergencies such as adverse reactions to procedures/treatments?	Yes	No	N/A
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7) Do you or any employees currently participate or are involved in stem cell treatment related to clinical trials? If Yes, please provide complete details:	Yes	No	N/A
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8) Do you use an informed consent for every stem cell treatment you offer?	Yes	No	N/A
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9) Do you advertise your stem cell treatments?	Yes	No	N/A
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10) Do you or your principals have ownership interest in any other stem cell related business, research facilities or manufacturing operations? If Yes, please provide complete details:	Yes	No	N/A
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Please attach the following information related to procedures listed on this questionnaire:

- Copies of all informed consent documents
- Copies of any training documents
- Copies of credentials of practitioners performing procedures
- Copies of all advertising materials

Fraud Notices

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. * Applies in FL only.

Applicable in KS: Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA, and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in all other States: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

Other State Notices

Applicable in RI: THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

If you prefer not to return the questionnaire with an electronic signature, please print and sign.