



# PHYSICIAN'S MEDICAL SPA PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

## SECTION I – PHYSICIANS PERSONAL INFORMATION

1) Full Name of Applicant:

2) Mailing Address:

3) Medical License Number and State of Issuance:

4) Social Security Number:

5) DEA Number:

6) Date of Birth:

7) Place of Birth:

8) Medical School & Year of Graduation:

9) Medical Specialty:

Subspecialty:

*\*Unless your specialty is Dermatology, Aesthetics, Anti-Aging or Plastic/Cosmetic Surgery, please attach Certificates of Training for the procedures you will be performing outside your specialty.*

10) Are you American Board Certified?

Yes No

If yes, in what specialty?

Year Certified:

## SECTION II – MEDISPA INFORMATION

11) Name & Location of Medical Spa(s) where services will be performed:

12) Your relationship to this entity:

Owner/Partner

Independent Contractor

Employee

Other:

13) When did you begin providing medical services at this facility?

14) Please indicate the estimated number of procedures that will be performed over the next 12 months:

PROCEDURE	#PER YEAR	PROCEDURE	#PER YEAR	PROCEDURE	#PER YEAR
Abdominoplasty		Injectable/Dermal Fillers*		Permanent Makeup	
Acne Treatment		IPL & Photofacial Rejuvenation		Pigmented Lesion Removal	
BHRT (Bioidentical Hormone Replacement Therapy)		Lipolysis – Laser (Smart Lipo)		Sclerotherapy	
Breast Augmentation		Liposuction		Removal Tattoo	
Brown Spot Removal		Laser Cellulite Treatment		Removal Teeth	
Chemical Peels (Light)		Laser Hair Removal		Whitening Thermage	
Chemical Peels (Medium to Heavy)		Laser Skin Resurfacing		Vein Treatment	
Contour Thread Lifts		Lipodissolve		Wart Removal	
Dermaplanting		Liposelection		Waxing	
Ear Candling		Lipolysis – Injection		Weight Loss Management	
Electrolysis		Massage		Other:	
Hair Transplants		Mesoderm			
HCG		Mesotherapy		Other:	
Hypberbaric Treatment		Microdermabrasion			

\* Injectable/Dermal Fillers Include: Artefill, Botox, Captique, Collagen, Hylaform, Juvederm, Radiesse, Restylane, Sculptra

- If you perform a procedure that is called by a different name, but essentially the same as any of the above procedures, please answer the question accordingly.
- If you perform surgical procedures other than those shown above, please attach a list of those procedures and the number of anticipated patient encounters for the next 12 months.

- 15) Does your practice include Pain Management? Yes No  
 If yes, specify the percentage of your practice derived from Prescription Only Pain Management. %
- 16) Does your practice include prescribing of opioids? Yes No  
 If yes, provide the following details:
- a. Specify the percentage of your practice derived from opioid prescriptions: %
- b. Do you fully comply with the CDC Guideline for Prescribing Opioids? Yes No  
<https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- c. Does your practice adhere to any and all prescription drug monitoring program (PDMP) requirements in the state(s) where you conduct business? Yes No
- d. Do you also dispense the opioids? Yes No

## SECTION III – PRIOR INSURANCE AND CLAIM INFORMATION

17) Do you currently carry Professional Liability Insurance for your medical services provided outside of this facility?

Yes No

If yes, provide details for the past five (5) years:

<u>Company</u>	<u>Policy Term</u>	<u>Limits of Liability</u>	<u>Retro Date</u>	<u>Premium</u>

\*For each and every claim, click the link to complete the [Supplemental Claim Information Form](#).

18) Has any claim ever been made against you for Medical Malpractice?

Yes No

19) Has any claim or suit for alleged malpractice been made against you that has NOT been made reported to a prior insurer?

Yes No

20) Are you aware of any circumstance which may result in a claim against you for medical malpractice?

Yes No

If yes, provide a written explanation below:

21) Have you ever been the subject of investigative or disciplinary proceedings or reprimanded by a governmental or administrative agency, hospital, or professional Association?

Yes No

If yes, provide a written explanation below and attach a copy of the Complaint, Consent order document if applicable:

22) Have you ever been convicted for an act committed in violation of any law or ordinance other than traffic offenses?

Yes No

If yes, provide a written explanation below:

23) Have you ever been treated for alcoholism, drug addiction or undergone personal psychiatric treatment or has any administrative agency, hospital or professional association requested or required you to be evaluated for an alleged mental condition and/or alcohol or drug addiction?

Yes No

If yes, provide a written explanation below:

24) Have you ever had any state professional license or license to prescribe or dispense narcotics refused, suspended, revoked, renewal refused or accepted only on special terms or ever voluntarily surrendered same?

Yes No

If yes, provide a written explanation below:

- 25) Have you ever had any professional liability insurance cancelled, declined, refused to renew or accepted only on special terms? Yes      No  
 If yes, provide a written explanation below:

## SECTION IV – MEDICAL DIRECTOR INFORMATION

- 26) Do you also provide Medical Director Services for this Medical Spa? Yes      No  
 If yes, complete Questions 27-32 below.
- 27) How many hours per week are dedicated to medical director services only?
- 28) How long have you worked as a medical director at this facility?
- 29) Describe your duties as medical director:

- 30) List the number and type of employees that you supervise at this facility:

Type of Professional	#	Type of Professional	#	Type of Professional	#
Physician(s)		Registered Nurse(s)		Laser Technicians	
Physician's Assistant(s)		LPN's		Other:	
Nurse Practitioner(s)		Medical Aesthetician(s)		Other:	

- 31) Has any claim ever been made against you solely as respects your duties as a medical director? Yes      No  
 If yes, complete the [Supplemental Claim Information Form](#) for each and every claim.  
 Also, attach five years of currently valued company loss runs.
- 32) Are you aware of any circumstances, solely as respect your duties as a medical director, which may result in a claim against you? Yes      No  
 If yes, provide a written explanation below:

Please attach the following information:

- A minimum of five years currently valued company loss runs
- CV or Resume
- Unless your specialty is Dermatology, Aesthetics, Anti-Aging or Plastic/Cosmetic Surgery, attach Certificates of Training for the procedures you will be performing outside your specialty

## **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.**