TDC Specialty Insurance Company
TDC National Assurance Company
(Stock companies owned by The Doctors Company)
(hereafter, the "Underwriter")
Servicing Address: 29 Mill Street
Unionville, CT 06085

LVR Surgery Procedure Questionnaire

THIS QUESTIONNAIRE IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS, REPRESENTATIONS AND AUTHORIZATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS QUESTIONNAIRE.

Applicant Name:

Expiring Policy Number (if applicable):

Please check either "Yes" or "No" for every procedure to indicate whether you perform (including assisting) or plan to perform (or assist in) any of the following procedures in your practice.

1. Any cosmetic vaginal surgery? ☐Yes ☐No

   If "Yes," please explain:

2. Any laser vaginal rejuvenation surgery? (This includes cosmetic and/or plastic surgery procedures performed on the vagina and associated structures. This includes, but is not limited to, vaginoplasty, labiaplasty, laser and non laser rejuvenation procedures.) ☐Yes ☐No

   If "Yes," are these procedures performed only on a non-elective basis? ☐Yes ☐No

   If "No," please explain:

3. What percentage of your practice incorporates cosmetic vaginal and laser vaginal rejuvenation surgery? _____ %

4. Where (which locations) is the insured practicing this type of surgery?

SIGNATURE AND AUTHORIZATION

The undersigned, as authorized agent of all individuals and entities proposed for this insurance, represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this questionnaire are true and complete.

The notices, conditions, representations and authorizations contained in the Application submitted by or on behalf of the Applicant for the proposed insurance, are incorporated into and apply to this questionnaire.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	