

CLICK HERE TO SUBMIT

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LED/MICROCURRENT SUPPLEMENT

- 1.1 Applicant name: _____ Phone: _____
Business name: _____
- 1.2 Are you in compliance with all FDA & state laws as to use of LED & Microcurrent devices?
- 1.3 Do you have everyone sign a consent form? We must receive a copy of the form(s) you use.
- 1.4 Do you use a medical history form on everyone? If so, provide a copy
- 1.5 Do you provide goggles for all LED & Microcurrent work on faces?

OPERATOR INFORMATION

- 2.1 OPERATOR TO BE NAMED: _____
- 2.2 Licenses you hold & license numbers: _____
- 2.3 How long have you been working with LEDs? _____ With Microcurrents?
- 2.4 What specific LED/Microcurrent equipment do you want to insure?
- 2.5 List all training in LED & Microcurrent equipment:
- 2.6 What services do you offer with the LED & Microcurrent:
- 2.7 What type of services, not listed above, do you offer?
- 2.8 List all claims history whether or note insured: If none, state so _____.
- | YR/Claim | Nature of injuries | Equip. Involved | Details, if Pending | Amt. if settled |
|----------|--------------------|-----------------|---------------------|-----------------|
|----------|--------------------|-----------------|---------------------|-----------------|
- 2.9 Do you have knowledge of an event, circumstance or occurrence (other than listed in 4.2 above) prior to the effective date of the proposed policy, or do you foresee that a claim may be brought as a result of said event, circumstance or occurrence? Yes No If yes, describe the details of the event:

THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE COMPANY.

APPLICANT

TODAY'S DATE