



**Liability Insurance** for Anti-Aging, Medi-Spas, Integrative , Alt. & Complementary Medicine

**[www.medispacover.com](http://www.medispacover.com)**

*Wellness Medical Protection Group*™ (formerly Liability Insurance Solutions) is an independent agent specializing in procuring customized quality liability insurance from "A" rated carriers for medi-spas, anti-aging clinics, specialty practices, integrative, alternative & complementary medicine practices. Our licensed agents have years of experience in customized programs. We exhibited at our first American Academy of Anti-Aging Medicine Conference in 1999. Since then, we have assisted hundreds of physicians and other healthcare practitioners in "tailoring your freedom to practice."

Some of the more commonly performed covered procedures, but not limited to: HRT, including pellets, IV's, Medical Weight Loss including hcg, laser hair & skin, botox and dermal fillers, PRP, stem cells, aesthetics, chelation, prolotherapy, plastic surgery, and more.....

Products and Services offered.....

- **Medical Professional Liability Insurance** - special program that covers all aspects of your anti-aging practice, that excludes general medicine. Short-form, 2 page, "true/false" application (attached) qualifies you for the program. Includes limited coverage for data breach and medical license "disciplinary proceedings."
- **Practice General Liability** - for risk associated with theft or destruction of business personal property, bodily injury, business interruption, auto liability, and much more.
- **HIPAA Privacy & Data Breach Insurance** - industry exclusive that covers you for unexpected patient "PHI" privacy breach, such as loss or theft of mobile devices, credit card processing and EMR.

Annual Premiums, plus states taxes and fees - less than \$500,000 in revenues (subject to underwriting review):

- |  |                   |
|--|-------------------|
| • Entity coverage, including Medical Director, no physician direct patient care    | \$3,500 - \$4,000 |
| • Entity coverage, including Medical Director, incl. physician direct patient care | \$5,000           |
| • Lasers only  | \$2,500 - \$3,500 |
| • Integrative Medicine - anti aging & general medicine combination practice        | \$6,000 - \$7,500 |
| • Stand alone HIPAA Privacy/Cyber - privacy breach - expense reimbursement         | \$1,500           |

All policies include separate coverage sub-limits for HIPAA - Breach of Privacy, "Disciplinary Proceedings" Defense of License and Sexual Abuse Allegations

For more details, contact Ed Kuhn at Wellness Medical Protective Group, toll free 855 851 2968, or email at [edkuhn@wmpginsurance.com](mailto:edkuhn@wmpginsurance.com)





Toll Free: 855 851 2968; Fax 312 561 2302; www.wmpginsurance.com  
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Med-Spa, Anti-Aging Medicine & Weight Management SHORT-FORM Professional Liability Insurance 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. Number of laser treatments annually: 0-500 501-1,000 1,001- 2,000 2,000+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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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Med-Spa, Anti-Aging Medicine & Weight Management SHORT-FORM Professional Liability Insurance Application

22. 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
23. 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
24. 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
25. 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
26. 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
27. 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
28. We are seeking coverage for non-surgical medical weight loss services, NOT to include hormone therapy, bariatric surgery or lap band adjustment services.	<input type="checkbox"/> TRUE <input type="checkbox"/> FALSE <input type="checkbox"/> no medical weight loss services 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

Print Name & Title

Signature:

Title:

Date: