



ACUPUNCTURE AND/OR DRY NEEDLING SUPPLEMENTAL
ATTACH SEPARATE SHEET WITH ANY ADDITIONAL DETAILS IF NECESSARY

Named Insured: _____

How are clients referred to the applicant? _____

Do you have a licensed acupuncturist who is employed or contracted to provide services on behalf of the Named Insured?
 Yes No If yes, what are the policy limits for his/her Professional Liability policy? _____

Do you have therapists who are employed or contracted who are certified to provide dry needling therapy?
 Yes No

The total number of patients treated during the last three years: 20__ __; 20__ __; 20__ __;

Projected next 12 months: _____

Are any guarantees of results made? Yes No

Is a complete assessment performed prior to performing services? Yes No If yes, by whom: _____

Is a complete description of the procedure and any potential side effects fully disclosed to the patient prior to performing services? Yes No

Does the applicant and staff stress that the services performed are not a substitute for conventional medical care?
 Yes No

Please explain the applicant's process of sterilizing their instruments/needles: _____

Do they leave any needles in beyond the actual session? Yes No

If yes, provide reason: _____

What percentage of this service is provided to patients who are pregnant? _____

What percentage of this service is provided to pediatric patients? _____

Provide percentage of pediatric patients by age category?

Babies _____ Reason _____

12 Years and under _____ Reason _____

13-18 Years _____ Reason _____

I **DECLARE** that the information contained in this supplement is true and that no material facts have been suppressed or misstated. I **UNDERSTAND** that an incorrect or incomplete response could void my coverage

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.

Must be signed by principal, partner or officer of group or individual applying for insurance.

Signature of Applicant _____

Title_____

Printed Name _____

Date_____