TDC Specialty Underwriters
TDC GROUP

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

Bariatric 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):

1. Which of the following procedures do you perform?

	Laparoscopic	# in Past 12 Mos	# in Next 12 Mos	Open	# in Past 12 Mos	# in Next 12 Mos
Roux en Y	☐ Yes ☐ No			☐ Yes ☐ No		
Banding	☐ Yes ☐ No			☐ Yes ☐ No		
Other (describe): _____	☐ Yes ☐ No			☐ Yes ☐ No		

2. Provide details of training:

3. If you have completed any additional training **this past year** for bariatric surgery, please include the details of your training and certification:

4. How long have you been performing bariatric surgery?

5. How many total bariatric procedures have you done?

6. Have you had any post-operative deaths? ☐ Yes ☐ No
   If "Yes," provide date and cause of death.

7. Have you had any post-operative complications requiring surgical repair? ☐ Yes ☐ No
   If "Yes," indicate number and variety.

8. What percent of your practice includes bariatric surgery? _____ %

9. What percent of your bariatric surgeries are performed on persons under the age of 18? _____ %

10. Is the facility where you perform bariatric surgery equipped to accommodate larger patients (e.g. MRI, wheelchairs, furniture, and transfer equipment)? ☐ Yes ☐ No

    Please provide:

    a. A description of your established systems for pre-operative and post-operative care, including long-term patient follow up.
    b. Information about your patient selection criteria (including minimum, maximum and average BMI.)
    c. A copy of your informed consent for bariatric procedures.

TDC Specialty Underwriters, Inc., in California: d/b/a Insurance City Solutions, License #0L85833; in New York: d/b/a TDC Specialty Underwriters Services

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	

TDC Specialty Underwriters, Inc., in California: d/b/a Insurance City Solutions, License #0L85833; in New York: d/b/a TDC Specialty Underwriters Services