

## 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):	
<b>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.</b>	
1.	Any cosmetic vaginal surgery? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>  If "Yes," are these procedures performed only on a non-elective basis? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> 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	