

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

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.

For each procedure below, please provide the approximate number of times you have "Performed" or "Assisted" during the past 12 months as well as how many times you anticipate doing so during the next 12 months. If you Perform or Assist in other procedures not listed below, add each one under "Other" in each section.

	# Performed # Assisted		sisted		# Performed		# Assisted		
A. General Procedures:	Past Year	Next Year	Past Year	Next Year	B. Gynecology Procedures	Past Year	Next Year	Past Year	Next Year
Alternative/Holistic Medicine (explain):					Abortions - Your Patients				
					1 st Trimester				
Angiography					After 12 weeks				
Angioplasty					Therapeutic				
Anti-Aging Medicine (explain):					Elective				
			1	1	Abortions – Other Patients				
Arterial Catheterization					1 st trimester				
Arteriography					After 12 weeks				
Bronchoscopy					Therapeutic				
CCU Care (other than admitting)					Elective				
Chelation Therapy (explain):					Attach list of facilities where you perform abortions.				
Chemotherapy					A&P Repair		T T	l	
Colonoscopy					Cervical Cautery				
Cardiac Catheterization					Cold Conization Cervix				
Cardiac Cath - Right Heart Only					Culdocentesis				
Cryosurgery (explain):					Dilation & Curettage				
					Ectopic Pregnancy				
Dialysis Procedures					Hysterectomy - Vaginal				
Elective Cardioversion					Hysterectomy - Abdominal				
Endoscopy (explain):					Insertion of IUD				
Hali Tarana da da			T	T	In Vitro Fertilization				
Hair Transplants					If 'Yes," % of practice:		T	I	
Hypnosis IVP					Laparoscopy Office Gynecology				
Laser Therapy (explain):					Oophorectomy or Salpingectomy				-
Laser Therapy (explain).					Tubal Ligation				
Lymphangiography			T T	T T	Other (describe):				
Myelography					Other (describe).				
Paracentesis or Thoracentesis									
Polypectomy by Endoscopy					Do you own or operate a sperm bank for	ſ			
Venography					the treatment of your		?		∕es □No
Weight reduction or Weight Control					the treatment of other	ers' patier	nts?		∕es □No
If "Yes," % of practice:					□None of the above				
List methods, drugs prescribed on									
a separate sheet of paper									
Other (describe):									
□None of the above									

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C. Pediatric Procedures	# Perfo Past Year	rmed Next Year	# Assis Past Year	sted Next Year	D. Obstetrical Procedures	# Perf Past Year	ormed Next Year	# As Past Year	sisted Next Year
Circumcisions					Amniocentesis – 3rd Trimester Only				
Neonatology					Amniocentesis – 1 st or 2 nd Trimester				
If "Yes," % of practice:			,	,	Breech Delivery				
Umbilical Catheterization & Monitoring					Cesarean Sections				
Other (describe):					Episiotomy				
			ļ		Low Forceps				
□None of the above					Managing Toxemia				
Livotie of the above	# Porf	ormed	# Ac	sisted	Mid Forceps		-		
E. Curried Dresedures		Next	Past		Normal Deliveries				<u> </u>
E. Surgical Procedures	Past Year	Year	Year	Next Year	Prenatal Care				
Adenoidectomy					Home Deliveries				
Anal Fissure					Other Non-Hospital Deliveries				
Anal Fistulectomies					(explain):		Τ		
Any surgical procedure involving cutting into or within the abdominal cavity, chest cavity, orbital cavity, spine or facial sinuses					VBAC Other (describe):				
Any surgical procedures on malignant									
lesions except for diagnostic purposes						1			
Amputations Appendectomies Aspiration of Cyst of Breast					F. Urological Procedures	# Perf Past Year	ormed Next Year	# As Past Year	sisted Next Year
BCIR					Any cutting into or on the kidney,				
Biopsies					ureter or bladder				
If "Yes," explain types:					Aspiration of Hydrocele				
					Circumcisions				
Cholecystectomies - Open					Orchiectomy				
Chymopapian Injections					Phalloplasty (including transecting the				
Hemorrhoidectomies					suspensory ligament of the penis				
Hernioplasties					and/or subcutaneous fat injection)				
Herniorrhaphy (Inguinal or Femoral Only)					Prosthetic Implants				
Laparoscopic Cholecystectomies					Sex Change Surgery				
Mastectomy					Treatment of Torsion of the Testicle				
Mastoidectomy					Vasectomy		1		
Minor Office Surgery					Other (describe):				
Myringotomy					1		T		
Nasal Polypectomy					□None of the above				
Operations within the middle or inner ear					Entend of the above	# Perf	ormed	# Ac	sisted
Organ Transplants If "Yes," explain:					G. Anesthesia Procedures:	Past Year	Next Year	Past Year	Next Year
Otorhinolaryngology		T	1	1	Acupuncture If "Yes," for anesthesia?				
Peripheral Nerve Surgery					Caudal			<u> </u>	es 🗆 No
Prostatectomy			 	 					
Reconstructive Vascular Surgery,			 	 	Digital Block General		1	 	
Thromboembolectomy and/or			<u> </u>	<u> </u>	Intravenous Anesthesia		1	 	
Thromboembolectomy and/or Thrombectomy of the arteries or veins					Intravenous Analgesia		1	 	
Repair of laceration not involving		1	1	1	Nitrous Oxide				
nerve or tendon					Obstetrical Anesthesia		1	 	-
Submucous Nasal Resections			 	 	Pain Blocks				
Surgical treatment of cysts, superficial	<u> </u>		 	 	Pain Blocks Pain Management	-	-		
abscesses, minor traumatic wound &					If "Yes," please complete a Pain			<u> </u>	
superficial biopsies					Management Questionnaire				
Surgical Weight Reduction			T	T	Peripheral Nerve Block				
Thyroidectomy	-		1	1	Spinal Anesthesia		1	 	
Tonsillectomy	-				Other (describe):				
Vein Stripping	-		1	1	diloi (dosoribe).				
					15 (1)/2 27 for any Asset Issue 1		ude c · ·	<u> </u>	
Other (describe):					If "Yes" for any Anesthesia type, check I ☐ Hospital ☐ Surgicenter ☐ Non-I	locations v nospital fa		errormed	
							,		
□None of the above									

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Autologous Fat Injection Blepharoplasty (cosmetic) Blepharoplasty (cos	H. Plastic & Cosmetic Procedures:	# Perfo Past Year	ormed Next Year	# Assis	sted Next Year	Do you perform Anesthesia for any I Procedures? Do you employ any inhalation thera		urgery		es 🗆 No	
Nurse Anesthetists?	Autologous Fat Injection	100.	1001	, roui	100.	Do you employ any initial ation thera	pists?		⊔ Y	es ⊔ No	
Inhalation Therapists? Yes No. Pass Reduction	Blepharoplasty (cosmetic)						es over:				
Procedure/purpose?											
Areast Reduction Reast Enhancement - Silicone Repair of Reast Enhancement - Silicone Repair of Reast Reduction of Bursa Any operative orthopedics Past Next Year Next Year									☐ Yes ☐ No		
Greate Enhancement - Saline riceast Enhancement - Saline riceast Enhancement - Saline riceast Enhancement - Trans Umbilical Procedures Procedures						Livolle of the above					
Transe Enhancement - Saline reases Enhancement - Trans-Umbilical Chemical Peels Caronal Lift Demabrasion Any operative orthopedics Any Arthroscopy or Arthrography Injection of Bursa Joint Implants Joint Imp	Breast Enhancement Ciliagna					I Outhorodic 9 Normanusciani					
Chemical Peels Collagen Injections Coronal Lift Dermabrasion Anthroscopy or Arthrography Injection of Bursa Joint Implants Joi	Breast Enhancement - Saline										
Injection of Bursa Joint Implants	Chemical Peels					Any operative orthopedics					
Dermabrasion - lair transplants or suturing of hair pieces injection Treatment of Variose Veins asser Therapy (explain): - lair transplants or suturing of hair pieces injection Treatment of Variose Veins asser Vaginal rejuvenation (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) Other Surgical Procedures (explain): -	Collagen Injections					_					
All transplants or suturing of hair pieces Neuro Implant Surgery for Pain Open Reduction of Fractures Prolotherapy										1	
Laser Therapy (explain): Jesser Therapy (explain):	Hair transplants or suturing of hair pieces					<u> </u>				+	
If "Yes," do you use Pheno!?	Injection Treatment of Varicose Veins										
Laser vaginal rejuvenation (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). Other Surgical Procedures (explain): Liposuction - under 3500 cs. Liposuction - 3500 cs or more Phalloplasty - including transecting the suspensory ligament of the penis and/or subcutaneous fat injection Riinoplasty Silicone Implants (types and where) Implactions Silicone Injections Other (describe): Invariant of the above Repair of Extensor Tendon Spinal Surgery Anterior Cervical Discectomies Cervical Laminectomies Pedicle Screw Scoliosis Surgery Other (describe): Invariant of Repair of Extensor Tendon Repair of Extensor Tendon Spinal Surgery Anterior Cervical Discectomies Cervical Laminectomies Pedicle Screw Scoliosis Surgery Other (describe): Invariant of Repair Of Extensor Tendon Spinal Surgery Anterior Cervical Discectomies Cervical Tendon Spinal Surgery Anterior Cervical Discectomies Cervical Tendon Spinal Surgery Anterior Cervical Discectomies Cervical Tendon Interior Cervical Discectomies Cervical Tendon Interior Tendon Interior Cervical Discectomies Cervical Tendon Interior Ten	Laser Therapy (explain):					<u> </u>					
(Includes cosmetic and /or plastic surgery procedures performed on the vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes, but is not limited to vagina and associated structures. This includes the plant of the pedicle Screw Scollosis Surgery Other Surgical Procedures (explain): Iposuction - under 3500 ccs Iposuction - 3500 ccs or more Phalloplasty - including transecting the suspensory ligament of the penis and/or subcutaneous fat injection Thin plasty Indicate the penis and/or subcutaneous glepharoplasty (Cosmetic) Biepharoplasty (Cosmetic) Biepharoplasty (Functional) Cataract Surgery Indicate the penis and subcutaneous glepharoplasty (Functional) Cataract Surgery Chalazion Excision from Eyelids Corneal Transplants Enucleation Hexagonal Keratotomy (HK) Intracoular Lens Implant Iridectomy LASIK Lid-Repair - Ectropion & Entropion Photo-Refractive Keratotomy (PRK) Pergigum Excision Refraction's If "Yes," what type? Removal of Eyelid Lesion	Laser vaginal rejuvenation									T	
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Scoliosis Surgery Stereotactic Neurosurgery Other (describe): Dispose										 	
Other (describe): Dispose of the above										1	
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Photo-Refractive Keratotomy (PRK) Pterygium Excision Refraction's If "Yes," what type? Removal of Eyelid Lesion						LASIK					
(PRK) Pterygium Excision Refraction's If "Yes," what type? Removal of Eyelid Lesion						Lid-Repair - Ectropion & Entropion					
Pterygium Excision Refraction's If "Yes," what type? Removal of Eyelid Lesion											
Refraction's If "Yes," what type? Removal of Eyelid Lesion										+	
Removal of Eyelid Lesion											
						If "Yes," what type?		T			
						Removal of Evelid Lesion					
						*					
Trabeculectomy										+	
Treatment of Eye Infection						•					
Other (describe):						Other (describe):					
□None of the above						□None of the above					

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	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, represent	ations and authorizations contained in the Application submitted by or on behalf of the Applicant for					
the proposed insurance, are incor	porated into and apply to this questionnaire.					
Applicant Name						
By (Authorized Signature)						
Name/Title						
Date						

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