



## COVERAGE FOR COSMETIC PROCEDURES

This endorsement modifies insurance provided under:

HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE PART – OCCURRENCE  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY COVERAGE PART – CLAIMS MADE  
HEALTHCARE PROVIDERS PROFESSIONAL LIABILITY INSURANCE COMMON POLICY CONDITIONS  
HEALTHCARE PROVIDERS WORKPLACE LIABILITY COVERAGE PART  
HEALTHCARE PROVIDERS GENERAL LIABILITY COVERAGE PART

In consideration of the premium paid for this Policy, it is understood and agreed that the Policy is amended as follows:

- I. The **PROFESSIONAL LIABILITY COVERAGE PART**, the section entitled **COVERAGE AGREEMENTS**, the paragraph entitled **PROFESSIONAL LIABILITY**, is amended with the addition of the following:

Solely for the purpose of coverage under this endorsement, **professional services** shall include coverage for **cosmetic procedures** that are not excluded by this endorsement.

- II. The section entitled **DEFINITIONS** of the **COMMON POLICY CONDITIONS** is amended with the addition of the following definition:

**“Cosmetic procedures”** means any service, treatment, advice or instruction intended to alter or enhance appearance, in the absence of persistent physical or physiological abnormality, functional impairment or disease, whether or not for psychological or emotional reasons.

- III. The **PROFESSIONAL LIABILITY COVERAGE PART**, the **WORKPLACE LIABILITY COVERAGE PART**, and the **GENERAL LIABILITY COVERAGE PART**, the section entitled **EXCLUSIONS**, is amended by the addition of the following exclusions:

- A. **Injury or damage** resulting from **cosmetic procedures** provided without a documented medical evaluation/assessment and signed, written informed consent including the possible outcomes of procedures, treatments or services.
- B. **Injury or damage** resulting from **cosmetic procedures** rendered to a minor without a signed, written informed consent of a parent or legal guardian.
- C. **Injury or damage** resulting from the recommendation, prescription, production, promotion, solicitation, testing, selling or manufacture of vitamins, minerals, herb supplements, medicinal supplements and nutritional supplements if under the purview of the U.S. Food and Drug Administration (FDA) and not approved by the FDA.
- D. **Injury or damage** resulting from the performance of any of the following:
1. Basti
  2. Colon Hydrotherapy (including Colonics)
  3. Emesis or Purgation Therapies (including Vamana)
  4. Gas Injection Therapies (including Carboxy Therapy)
- E. **Injury or damage** resulting from **cosmetic procedures** provided by assistive staff not under the direct **supervision** of a licensed healthcare practitioner.



- F. **Injury or damage** resulting from off label use of U.S. Food and Drug Administration (FDA) approved drugs or devices except for injectable neurotoxins or dermal fillers when administered to the face or neck areas.
- G. **Injury or damage** resulting from a warranty or guarantee of cure or success of treatment which is alleged to have arisen out of advertisement.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

Specimen