

APPLICATION

THE DENTISTS PROFESSIONAL LIABILITY TRUST

REQUIREMENTS FOR THE USE OF INJECTABLE NEUROTOXINS AND DERMAL FILLERS

In accordance, with the Exclusions and Conditions, which are attached, please submit the following:

1. Verification of completion of a CERP or PACE approved two day course (14 hours).
2. Informed consent document to be used.

Signature _____

Date _____

Approved: _____

Not Approved: _____

Reasons:

By _____

Date _____

Injectable Neurotoxins and Dermal Fillers Attachment

A. Coverage

Subject expressly to the terms and conditions of the Coverage Agreement, we will pay for the *damages* as provided for by and as limited by the Trust's Coverage Agreement for a *claim* arising out of or related to professional services which involve the use or administration of Injectable Neurotoxins or Dermal Fillers for purposes authorized and allowed under the Dental Practice Law of Colorado.

B. Exclusions

This Endorsement and the extension of coverage do not apply to any *damages* or *allocated loss adjustment* expenses with respect to a claim which involves the use or administration of Injectable Neurotoxins or Dermal Fillers:

1. Arising from any *claim* where the Named Insured has not used and cannot provide to the Plan's Administrator a signed informed consent form.
2. Arising out of the use or administration to anyone under 18 years old.
3. Arising out of the use on any person with a neuromuscular disease.
4. Arising out of the use of product not approved by the FDA:

C. Conditions

1. As noted in the Exclusions, the Participant must have a signed consent form for the procedure provided to any patientt.
2. The Participant must have completed a CERP or PACE approved training course(s) of two days (14 hours) which includes hands-on training utilizing Injectable Neurotoxins and Dermal Fillers.
3. The Participant must report any dental incident or claim as soon as it practicable to the Plan's Administrator.
4. The use of Dermal Fillers is limited to the face, from the tip of the nose to the chin.
5. I understand that the premiums for this additional coverage is \$875 per year and upon approval of my Application and following payment and issuance of the Coverage Endorsement the premium is non-refundable and is considered to be fully earned.