



CARRIER:

United States Liability Insurance Company

Allied Health Care Product – Dietician/Nutritionist

- 1. Name of applicant: _____
- 2. Does the applicant have any involvement in food preservation, food science or food chemistry for product development or testing purposes? Yes No
- 3. Does the applicant specialize in services to minors with eating disorders? Yes No
- 4. Does the applicant provide any food safety or compliance consulting regarding food-regulation standards? Yes No
- 5. Is the applicant a sales or manufacturer’s representative of weight loss drugs, supplements or diets? Yes No
- 6. Does the applicant provide referrals for weight-reduction surgery including pre-operative and post-operative procedures? Yes No
- 7. Does the applicant provide hypnotherapy services as a treatment modality? Yes No

This supplemental application is incorporated into and is deemed a part of the other application(s) submitted in connection with the requested insurance. Any and all notices and representations included in such other application(s) are incorporated by reference in this supplemental application as though fully set forth herein.

Applicant’s signature _____ Title _____ Date: _____
(Principal, Partner or Officer)

Print name _____

Agent’s signature: _____
(Required in Prince Edward Island and Saskatchewan)