

**LASIK – SUPPLEMENTAL APPLICATION**

This is a Supplemental Application which attaches to and becomes part of the Lexington Miscellaneous Facilities Application. The Applicant represents that the statements and facts are true and no material facts have been suppressed or misstated. If a policy is issued, this Supplemental Application will become part of the policy as if physically attached. Therefore, it is mandatory that all questions be answered completely. Completion of this Supplemental Application does not bind coverage.

**Supplemental Questions**

Applicant's Name:

1. Describe the procedure volume over the past 5 years:

	Enter historic procedure volume by state.				
	Type of Eye Surgery	Year	Number of Procedures	Number of Locations	List Geographic Locations by State
	Corneal Replacement	Projected			
	Lasik	Projected			
	Cataract	Projected			
Other, Specify:		Projected			
	Corneal Replacement				
	Lasik				
	Cataract				
Other, Specify:					
	Corneal Replacemen				
	Lasik				
	Cataract				
Other, Specify:					
	Corneal Replacemen				
	Lasik				
	Cataract				
Other, Specify:					

2. How many adverse outcomes, that did not develop into claims, has the applicant had over the past 5 years?

3. What percentage of potential patients were disqualified via the screening process during the current and prior 3 years?

Year	Total # Screened	Total # Disqualified	Percentage (%)
Projected next 12 Mos.			

4. What are the specific steps taken to determine if a patient should be disqualified? Please forward a copy of any screening protocol/list that is used.

5. Are the screening disqualification percentages tracked for each surgeon?  Yes  No  
If yes, please provide:

6. Has the applicant returned any disposable microkeratome blades to the manufacturer in past 5 years?

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If yes, please explain.

7. If any surgeon experienced a malfunctioning microkeratome during surgery during the past 5 calendar years, list the year, describe the malfunction, and provide the total number of malfunctions that year(s).

8. What is the center’s infection rate (percentage) post-surgery on an annual basis?

9. What percentage of Bilateral Surgeries (operating on both eyes in the same day) occur at the Center?

10. How many surgeons are performing Lasik surgery:

Over the past calendar year?

Anticipated over the next calendar year?

11. What is the minimum required level of competence in order for a surgeon to operate at the applicant’s facility?

Please explain.

In addition, please include the following information with the completed Supplemental Application:

1. Copies of all marketing materials.
2. Copy of the contract with the patient.
3. Copy of the contract with the surgeon.
4. Copy of the screening procedures when evaluating potential patients.
5. LOSS HISTORY – Submit company produced 5 year loss history with clearly marked valuation date with breakdowns of incurred losses (including paid and reserves for indemnity and expenses), current status and an explanation for each loss (with detailed explanations for large losses).

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS, AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

SIGNING OF THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS SUPPLEMENTAL APPLICATION SHALL BE PART OF THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND THIS SUPPLEMENTAL APPLICATION WILL BE ATTACHED TO AND BECOME PART OF THE POLICY.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS SUPPLEMENTAL APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THE APPLICATION AND MADE A PART HEREOF.

THIS APPLICATION MUST BE SIGNED BY AN OFFICER OR PRINCIPAL OF THE APPLICANT.

Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_