



Allied Healthcare Professional Package Product

DIETICIAN/NUTRITIONIST SUPPLEMENTAL APPLICATION

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.

Agent's signature: _____
(Required in New Hampshire)

This document does not amend, extend or alter the coverage afforded by the policy. For a complete understanding of any insurance you purchase, you must first read your policy, declaration page and any endorsements and discuss them with your broker. A specimen policy is available from an agent of the company. Your actual policy conditions may be amended by endorsement or affected by state laws.