



Rockbridge Underwriting, An RLI Company
3700 Buffalo Speedway, Suite 300
Houston, TX 77098
(713) 874-8800

WEIGHT CONTROL SUPPLEMENTAL APPLICATION

Name: _____

Please give a complete explanation of all "yes" answers on a separate sheet.

1. Is your practice totally devoted to only weight control? _____ Yes _____ No

If not, how many patients are seen per week for weight control? _____

What is the total number of patients seen per week? _____

2. Do you prescribe or administer drugs for weight control? If yes, please list the drugs used below: _____ Yes _____ No

3. Have you ever prescribed pondimin, redux, fen-phen, or HCG for weight control? _____ Yes _____ No

4. Do you prescribe or administer any drug or medication not approved by the Federal Drug Administration (FDA)? _____ Yes _____ No

5. Do you require your weight control patients to sign an informed consent form or a release form? If yes, please attach a copy of the form. _____ Yes _____ No

6. Please describe below your weight control program and attach copies of any written informative materials given to your weight control patients.

This document forms a part of the Rockbridge Underwriting application and all release and warranties attached to the application apply to this supplement as well.

 Name (Typed or Printed)

 Signature

 Date