

**BEITLER SERVICES, INC., LLOYD'S COVERHOLDER  
&  
LLL INSURANCE SERVICES OF CALIFORNIA, LICENSE #OF37860**

**APPLICATION**

(Request For Insurance, Non – Binding Quotation, No Coverage Given)

**MEDICAL EXPENSE LIABILITY INSURANCE FOR EGG DONORS AND RECIPIENTS**

Center or Agency Name: \_\_\_\_\_

Contact Name / Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ # of Years Operational: \_\_\_\_\_

**PART A**

Medical Director: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone No: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**PART B**

(1) Estimated number of donor and recipient cycles to be covered annually: \_\_\_\_\_

(2) Coverage Limit of Liability Requested (any one Cycle, any one Donor and/or Recipient, Combined Single Limit):

(Insert 'X' beside coverage limits requested for quotation) \_\_\_\_\_ \$25,000, \_\_\_\_\_ \$ 50,000, \_\_\_\_\_ \$ 100,000 or \_\_\_\_\_ \$250,000

(3) Optional Additional Coverage: \_\_\_\_\_ Accidental Death \_\_\_\_\_ Accidental Paralysis

(4) Please provide the following Donor Recipient history for the past three years:

<u>Year</u>	<u>No of Donors</u>	<u>No. of Claims</u>	<u>Medical Expense Amount Paid</u>
2007			
2006			
2005			

(5) Does the Center performing the cycle retrieval recommend in writing to the program participating Donor that she receive a post retrieval medical examination (within 10 – 12 days post retrieval)? \_\_\_\_\_

(6) Does the Center require their Board Certified Reproductive Endocrinologists to monitor the amount of follicles displayed on the Donor's ultrasound and continuously monitor the Donor's estrogen level during course of treatment? \_\_\_\_\_. If yes, how frequently and what are the respective levels that would be cause for Donor Recipient treatment cycle to be cancelled prior to retrieval? Please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

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**PART B**

(7) Does the Center or Agency provide their Donors with post retrieval written instructions to prevent any related complications from occurring? \_\_\_\_\_. If yes, please attach a copy of the Center's discharge instructions.

(8) Does the Center or Agency instruct their Donors to contact the treating Reproductive Endocrinologist if a post retrieval medical complication develops? If yes, does the Center or Agency inform their Donors that Hospitals, in the case of complication, may not fully comprehend the cause for their medical condition and that the treating reproductive endocrinologist must be consulted in the event of a Donor post retrieval medical complication?  
If not part of Center's discharge instructions, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please note the following terms, conditions and coverage warranties to apply:

- No deductible (**unless otherwise agreed**) any one cycle, any one occurrence.
- Medical Expenses need to commence within ninety (90) days of the completion of the Donor retrieval Recipient transfer implantation procedures and incurred within four (4) months from start date of treatment medications.
- Medical Expense Limit is for all coverages combined (CSL) [medical expense liability, accidental death (optional, if requested), accidental paralysis (optional, if requested), death benefit (if applicable), weekly accident indemnity benefit (if applicable), travel accident benefit (if applicable)].
- Any fraud, misstatement or concealment, in the statement made by or on behalf of the Insured prior to the commencement of the Donor retrieval Recipient transfer implantation procedures or any fraudulent claim made thereunder shall render this insurance null and void and all claims thereunder shall be forfeited.
- The Industry Professional who is administering the Donor Recipient treatment must be a board certified physician in obstetrics and gynecology and eligible for fellowship qualifications in infertility medicine and reproductive endocrinology.
- Individual Donors and Recipients are candidates in good health, which is understood to mean that they have been medically examined, interviewed and cleared by medical practitioners for participation as an Egg Donor and transfer implantation Recipient. Moreover, that participating Donors and Recipients do not suffer from any pre-existing conditions, illnesses or diseases; the knowledge of which would have prevented the Donor or Recipient from being acceptable to the Center or Agency's Egg Donor Recipient Program.

UNDERWRITING AGENT: BEITLER SERVICES, INC.

A photographic copy or facsimile of this document shall be considered as valid as if the original.