



Dermal Fillers Supplement

1. In accordance with the requirements governing the use of Dermal Fillers, the Participant must have completed a CERP or PACE approved training course(s) of 4 hours which includes hands-on training utilizing Dermal Fillers. Please attach copies of all certificates and/or letter of completion.

2. Coverage

Subject expressly to the terms and conditions of the Coverage Agreement, we will pay for the damages as provided for by, and as limited by, the Trust's Coverage Agreement for a claim arising out of or related to professional services which involve the use or administration of Dermal Fillers for purposes authorized under the Dental Practice Law of Colorado.

3. Exclusions

This Endorsement and the extension of coverage do not apply to any damages or allocated loss adjustment expenses with respect to a claim which involves the use or administration of Dermal Fillers:

1. Arising from any claim where the Named Insured has not used and cannot provide to the Plan's Administrator a signed informed consent form.
2. Arising out of the use or administration to anyone under 18 years old.
3. Arising out of the use on any person with a neuromuscular disease.
4. Arising out of the use of products not approved by the FDA.

In accordance with the requirements governing the administration of Dermal Fillers, submit the following:

1. Verification of completion of CERP or PACE approved four (4) hours.
2. Informed consent document to be used.

I certify that that I am in compliance with all requirements listed herein.

Concealment or Fraud

We provide coverage to no "insureds" under this policy if, whether before or after a loss, an "insured" has:

1. Intentionally concealed or misrepresented any material fact or circumstances;
2. Engaged in fraudulent conduct; or
3. Made false statements relating to this insurance, including but not limited to, statements in the Application and/or Supplemental Application(s) for this insurance.

Signed

Dated