




# Medical Professional Liability Application

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1. Name of the Applicant: Altheia Bass-Seldon
- Legal and Business Name: Bass Comprehensive Wellness Care
- Address: 90 F Glenda Trace Suite 344
- City: Newnan State: Georgia ZIP: 30265
- Phone: 7063150836 Web-Site Address: www.basswellnesscare.com
2. Applicant is: ☐ Individual ☐ Partnership ☐ Corporation ☒ Other S-Corp
3. What date was your business established? 06/01/2022 
4. Limits of Liability Desired: \$1,000,000 / 3,000,000 each Claim/Annual Aggregate
5. Deductible Desired: ☒ \$1,000 ☐ \$5,000 ☐ \$10,000 ☐ \$25,000 ☐ Other \$
6. Please describe in detail the professional services for which coverage is desired:

Bhrt (no Pellet Insertion), Non Invasive Weight Loss Treatment

7. Please provide the following information for all partners, principals, employed professionals and key employees (attach separate sheet if necessary).

Name	Professional Title
N/A	N/A

8. Is, or has, the Applicant engaged in (or does the Applicant intend to be engaged in) any business or profession other than described in Question 6?

☒ Yes ☐ No

If yes, please supply full details.

Practice the last 4 years at a company called Ageless Wellness Center treating patients with bio-identical hormone replacement therapy and weight loss therapies

9. Please indicate the total annual gross revenues derived from the services described in Question 6 for the past three years and the projected revenues for the current year:

YEAR	REVENUE
a) Current	\$ 93,600
b) 2024	\$ 0
c) 2023	\$ 0
d) 2022	\$ 0

9A I) Did the Applicant have a positive Net Income in the last 12 Months

☒ Yes ☐ No

If No, please advise of steps being taken to correct the Negative Income

II) What is the Applicants Overall Net Equity:

☒ Positive ☐ Negative

If Negative, please advise Net Equity and steps being taken to correct Negative Equity.

III) If Applicant is trading as a Corporation please attach a copy of the latest available financial report.

10. Is the Applicant now, or in the past (or is it intending to be) controlled or owned by, or to own or be associated or affiliated with any other firm or business enterprise? ☐ Yes ☒ No

If yes, please attach a explanation and indicate if any services described in Question 6 are provided to such firm or business enterprise.

11. During the past three years, has the Applicant's name been changed, or has the Applicant purchased, merged or consolidated with any other business or has the Applicant been purchased? ☐ Yes ☒ No

If yes, please attach explanation.

12. Are any changes in the nature of size of the Applicant's business anticipated over the next 12 months?

☐ Yes ☒ No

If yes, please attach an explanation. Changes in size of less than 25% need not be explained.

13. Please indicate the number of:

a) Principals, partners, officers and professional employees directly engaged in providing services to clients

1

b) Please provide the total number of other staff that will NOT be performing services & procedures in your clinic:

0

14. Please provide the following:

Names of All Partners, Principals and Key Employees	Professional Qualifications/Designations	# Of Years In Practice	# Of Years with Applicant
N/A	N/A	0	0

15. Please list professional associations to which Applicant belongs:

- ☐ American Med Spa Association  
☐ Empire Medical Association  
☐ American Academy of Anti-Aging

Other

☒ None

16. Has the Applicant provided services to any governmental entities? ☐ Yes ☒ No

17. Has the Applicant provided services to any employee benefits plans, including any pension plans or does it plan to do so? ☐ Yes ☒ No

If, yes, please attach an explanation.

18. Has the Applicant provided services to any bank, savings and loan or other financial institution, or does it plan to do so? ☐ Yes ☒ No

If, yes, please attach an explanation.

19. Please indicate the Applicant's five largest jobs/projects during the past three years, showing client's name services provided and gross revenues for each: plan to do so?

Applicant has trained and received certifications and has only operated in MedSpa industry and this question does not apply as the Applicant does not have any large projects or jobs during the past three years, or services that provided any gross revenues.

20. Does any director, officer, employee or partner of the Applicant serve on the board of directors of any client of the applicant?

☐ Yes ☒ No

If, yes, please attach an explanation.

21. Does the Applicant use a written contract with clients?

☒ In all cases ☐ Sometimes ☐ No

21A. Within Client Contracts (or letters of appointment) does the Applicant obtain any Hold-Harmless and/or Limitation of Liability in its favour?

☒ Yes ☐ No

If, yes, please attach an explanation.

22. Does the Applicant subcontract work to others?

☐ Yes ☒ No

23. Does the Applicant have a written procedural manual for employees to follow?

☒ Yes ☐ No ☐ N/A (No Employees)

24. Does the Applicant have a formalized training program for newly hired employees?

☒ Yes ☐ No ☐ N/A (No Employees)

25. Does the Applicant have promotional literature?

☐ Yes ☒ No

If yes, please attach sample copies of all types.

26. Has the Applicant ever had any errors and omissions or professional liability insurance ever been declined or cancelled?

☐ Yes ☒ No

If yes, please provide an explanation.

27. Is there any errors and omissions or professional liability insurance currently in force?

☐ Yes ☒ No

Provide the following information regarding any coverage during the past five (5) years:

Company	Expiration Date	Limit	Premium
CMF	5/01/2025	\$3,000,000	\$280.00

RETROACTIVE DATE OF CURRENT POLICY:

05/01/2025

28. Does any director, officer, employee or partner of the applicant have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim?

☐ Yes ☒ No

If yes, please provide an explanation.

29. Has the Applicant or any director, officer, employee or partner of the Applicant ever been the subject of disciplinary action as a result of professional activities?

☐ Yes ☒ No

If yes, please provide an explanation.

30. Please attach a list and status of all errors and omissions claims made during the past five years against the Applicant or any director, officer, employee or partner of the Applicant.

If none, please check here: ☒ None

31. During the past five years has the applicant been named as a Defendant or Plaintiff in a lawsuit

☐ Yes ☒ No

If yes, please supply full details.

32. Do you ever, or do you anticipate offering your professional services to clients outside of the United States of America, its territories and possessions, or Canada?

☐ Yes ☒ No

If yes, please supply full details including  
Territorial/Revenue splits.

**NB: Coverage afforded hereunder is restricted to the United States of America, its territories and possessions, or Can  
An amendment to this limitation may be available at underwriters discretion.**

**This insurance application, duly completed, together with any supplementary information, must be signed, in ink, by Applicant. One signed copy will be attached and form a part of any policy issued. Completion of this insurance applica  
does not bind or obligate the Company to offer this insurance.**

**Signing this form, and tendering any payment, does not bind the Insurers or the applicant to complete the insurance.  
insurance application must be signed to be considered for an indication. By signing below you certify that all informa  
you have provided is correct. You herewith authorize Insurers or their representatives to gather any additional informa**

they may deem necessary in order to process this application for quotation or to issue a policy. Your signature be authorizes, but does not obligate Insurers to obtain additional information or to verify the information provided from regulatory agency, provider of services to you or your business, and any financial institution or credit rating comp relating to information about you or your business. By your signature, you herewith authorize the release of informa regarding your losses, any financial information, or any regulatory compliance matters to Insurers.

**NOTICE: IN NEW YORK, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMP, OR OTHER PERSON FILES AND APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERE COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.**

The Applicant hereby acknowledges that the persons or entities proposed for insurance are aware that the limits of lial contained in the policy applied for shall be reduced, and may be completely exhausted, by the Defense Expenses and, in : event, Insurers shall not be responsible for the continued defense of any Claim or liable for Defense Expenses or for amount of any judgement or settlement to the extent that any of the foregoing exceed the limits of liability of such policy.

**The applicant hereby further acknowledges full awareness of the professional liability insurance policy, its terms conditions (especially the policy exclusions) including any endorsements and/or agreed amendments.**

**Note: If the applicant does not understand any part of the Professional Liability coverage then the applicant should con their relevant Insurance Broker / Advisor and not sign the application. The applicant hereby further acknowledges that persons or entities proposed for insurance are aware that Defense Expenses that are incurred shall be applied against deductible amount.**

The undersigned authorized by, and acting on behalf of the applicant and all persons concerned seeking professi liability insurance, has read and understands this application, and declares all statements set forth herein are t complete and accurate.

*Althea Bass Seldon*

APPLICANT: \_\_\_\_\_

BY: Altheia Bass-Seldon

TITLE: Doctor of Nursing Practice

DATE: 05/05/2025

Signed by Altheia Bass-Seldon.