

proposal  
form



## Important information

This proposal form is for a **claims made** policy. A claims made policy only responds to claims made against the assured and notified to underwriters during the period of insurance arising from treatment provided on or after the policy **retroactive date**. This proposal form can be completed electronically or by hand and must be signed and dated by an authorised representative of the assured. All hand written notes must be clearly legible and all questions should be answered fully, stating “Nil” or “None” as applicable. Incomplete answers may delay quotation.

Please attach all supporting documents and include as much detail as possible, using the additional sheets as required.

**It is the duty of the proposer to disclose all material facts to underwriters.**

Upon acceptance of the underwriter’s terms and conditions and payment of the premium, all information provided by the proposer together with the guidance notes will be deemed to be incorporated in the contract between underwriters and the assured.

**Please ensure you have signed and dated the warranty statement at the end of this proposal form.**

## Section 1 – General information

1.1 Name of insured

1.2 Address of the named insured

Country

1.3 Please state the following for the named insured

- a) Date of birth (DD/MM/YYYY) / /
- b) Contact telephone
- c) Email address

1.4 Please confirm for which discipline(s) you require cover:

Treatments	Income split per treatment	Name of practitioner providing treatment
<b>Band A</b>		
Botulinum toxin		
Chemical peels		
Cryotherapy		
Derma planning		
Derma roller		
Dermal fillers (Non permanent)		
Electrolysis		
General beauty treatments		
IV infusion therapy (Licensed practitioners only)		



Treatments	Income split per treatment	Name of practitioner providing treatment
<b>Band A (continued)</b>		
Medical needling		
Mesotherapy all treatments		
Microdermabrasion		
Phlebotomy		
Platelet Rich Plasma (PRP) for facial/ Neck rejuvenation		
Platelet Rich Plasma (PRP) for scalp hair restoration, breast augmentation and genital rejuvenation. (Medical practitioner only)		
<b>Band B</b>		
Dermal fillers (permanent) (Medical practitioner only)		
Laser (Non ablative)		
Micropigmentation/Microblading and SPMU		
Non - invasive laser body contouring procedures		
Non-cancerous moles/skin tags/cysts/wart/milia removal		
Plasma blast (Fibroblast)		
Radio frequency treatments		
Sclerotherapy		
Tattoo		
Tattoo removal		
Teeth whitening (Licensed GDC practitioner only)		
Thread lifting - PDO/Silhouette soft (Licensed practitioners only)		
<b>Band C</b>		
Femilift (Licensed practitioner only)		
Laser (Ablative) /IPL skin types 1-6		
Platelet Rich Plasma (PRP) for O Shot and P Shot (Medical practitioner only)		
Thread lifting (Non dissolve) (Medical practitioner only)		
Weight loss lipolysis (Lipo-dissolve/Lipostabil/Essentiale, Aqualyx) (Licensed practitioner only)		

Treatments	Income split per treatment	Name of practitioner providing treatment
<b>Band D</b>		
Hair transplant (FUE) (Medical practitioner only)		
Lipolysis/Vaser/Body tite (Medical practitioner only)		
<b>Band E</b>		
Liposuction (Medical practitioner only)		
Hair transplant (FUT/Strip method) (Medical practitioner only)		
Other:		

1.5 Qualifications

Please confirm if you are qualified and/or accredited to perform the above declared activities.      Yes      No

Please provide details of any recognised qualification(s) held. Proof may be required by the underwriters:

Please tick the appropriate box if you are qualified and/or hold a license to practice any of the following:

Nurse      Doctor      Dentist      Beautician/NVQ 3

Other (please specify)

## Section 2 – Business information

2.1 Please confirm the number of treatments you performed for the discipline(s) that you require cover:

Previous year      Next year (estimate)

2.2 Please provide your total gross income based on your activity(s) for which you require cover.

If this is a new business please provide an estimated figure:

Previous year      Next year (estimate)

## Section 3 – Previous insurance history

3.1 Please provide full details of your previous and current medical professional liability cover:

Year	Insurer	Period of cover	Limit of indemnity	Excess	Premium

3.2 Has any application for this type of insurance cover ever been

Declined      Cancelled      Required any special terms      None

If any of the above are applicable, please provide detailed explanation and additional information on the supplementary sheet(s)



## Section 4 – Insurance requirements

4.1 Please confirm if you require cover for past work (retroactive cover) Yes      No

If Yes, please confirm the date you have held continuous cover on a claim made basis. (DD/MM/YYYY)      /      /

4.2 Please provide details of the limit and excess required:

Limit of indemnity Excess

## Section 5 – Claims history

5.1 Please list all claims made against the proposer and all circumstances that could give rise to a complaint and/or claim during the last 10 years. If none, please state "None". For additional space please use the supplementary pages.

Claim/ complaint/ incident	Status open or closed	Incident date (dd/mm/yyyy)	Reserve (£/€)	Total value (£/€)	Description/ nature of allegations

## Declaration

Please use the supplementary page(s) to add any pertinent information or additional information as may be required to fully answer the questions.

Prior to the commencement of the contract of insurance, you must make a fair presentation of the risk to be insured under this Policy in accordance with the terms of the Insurance Act 2015. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we undertake to inform insurers of any material alteration to these facts occurring before the completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any policy period (and any extension thereto).

In accordance with the Insurance Act 2015, I/we declare that I/we have made a fair presentation of the risk. If you are unsure of your duty of fair presentation, please ask your broker for further information.

**Signing this proposal form does not bind the proposer to complete this insurance.**

Signature

Full name

Date            /            /

## Supplementary information

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.