

16. Have you ever had any restriction or limitation imposed upon any licence that you hold or been the subject of any disciplinary action by any licensing body? Yes No

a. If yes, please provide full details:

17. Do you engage in any business or professional activities other than described above? Yes No

18. Have you ever been investigated or suspended from practice by any governing body of your profession? Yes No

19. Is the applicant controlled, owned or associated with any other company, firm or corporation? Yes No

20. Please provide the following information for each of your licensed employees and independent contractors:

NAME	SERVICES PERFORMED	QUALIFICATIONS	YEARS OF EXPERIENCE

21. Please confirm the following:

a. Conduct criminal background checks on all applicants/contractors prior to their employment? Yes No

b. Verify the professional qualifications of all applicants/contractors prior to their employment? Yes No

c. Obtain confirmation from any applicant for employment or independent contractor that they have not had any claim made against them at any time? Yes No

d. Obtain confirmation that all independent contractors maintain their own medical malpractice liability insurance? Yes No

If you have answered 'No' to any of the above questions (21. a. - d.) please explain why:

22. In the event that your product or service failed or delivery was delayed please describe the worst case scenario:

23. Do you maintain records of the services that you provide to your clients? Yes No

a. If yes, please state how long you maintain the records for:

b. If no, please explain why:

24. Do you provide any treatment to minors? Yes No

a. If yes, do you require a signed written parental agreement?

25. Do you provide any non-certified or unlicensed aesthetic services? Yes No

a. If yes, please provide full details:

26. Do you provide any services away from your premises? Yes No

a. If yes, please provide full details:

27. Please confirm that where it is necessary and appropriate you use sterile devices: Yes No

28. Do you ensure that all employees and independent contractors wear surgical gloves and protective eyewear while they are providing treatment? Yes No

29. With regards to laser treatments, please confirm the following:

a. You conduct a skin patch test on all of your clients prior to any type of laser treatment: Yes No

b. The equipment is used in accordance with the manufacturer's guidelines: Yes No

c. That you regularly calibrate your laser equipment: Yes No

d. The employees and independent contractors are trained by the manufacturer to use the equipment before they perform any treatment on a client: Yes No

If you have answered 'No' to any of the above questions (29. a. - d.) please explain why:

INSURANCE HISTORY & REQUIREMENTS

Please provide details of your **current** Errors & Omissions insurance policy:

EFFECTIVE DATE	RETRO DATE	LIMIT	DEDUCTIBLE	CURRENT PREMIUM	INSURER

Please provide details for your **required** Errors & Omissions insurance policy:

EFFECTIVE DATE	RETRO DATE	LIMIT	DEDUCTIBLE	TARGET PREMIUM

Please provide details for your **required** Commercial General Liability insurance policy:

EFFECTIVE DATE	LIMIT	DEDUCTIBLE	TARGET PREMIUM

CLAIMS HISTORY:

Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above: Yes No

If the answer to the above is 'Yes', then please attach full details including an explanation of the background of events, the maximum amount involved/claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and/or by Insurers, and the dates of all developments and payments.

DECLARATION:

I / we declare that after proper enquiry the statements and particulars given above are true and that I /we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Applicant's Signature: _____

Print Name: _____ Date: _____