

**STATEMENT OF FACT COMPLEMENTARY AND BEAUTY THERAPIES**

1. Applicant's name:
  
2. Address:
  
3. Description of business practice:
  
4. Turnover

Last 12 months:	
Estimated for the next 12 months:	

5. Percentage

	Canada	USA	Other
Last 12 months:			
Estimated for the next 12 months:			

6. Number of employees:
  
7. Number of patients per day:
  
8. I or we hold professional qualifications for the business practices I seek cover for.  
 Yes     No
  
9. I or we work from home, on a mobile basis or I rent a space in a third party owned premises.  Yes  No
  
10. I/We understand that cover is provided for those business practices I have selected only and that what I do does not deviate from such business practices.  Yes  No
  
11. I or we do not provide treatment to children under the age of 12 unaccompanied by a parent or guardian.  Yes     No

12. I or we hold all client records for a minimum of 7 years or in line with the industry standards and/or requirements.  Yes  No
13. I or we have not been subject to any claims for negligence or breach of professional duty in the last 10 years.  Yes  No
14. I or we are not aware of any shortcomings in my work that could lead to a claim against me. This includes a shortcoming which I cannot reasonably put right or a complaint about my work or anything I have supplied which cannot be immediately resolved.  
 Yes  No
15. I or we have never been declared bankrupt, insolvent or made arrangements with creditor either in a personal or in a business capacity.  Yes  No
16. I or we are not aware of any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.  Yes  No
17. For any malpractice, public liability or errors and omissions insurance, I have NEVER had a policy cancelled, declined or renewal refused or accepted by an Insurer but only with special terms and conditions.  Yes  No
18. If you have answered False to any of the above statements, please provide details below:

*\*Please supply a copy of your resume including professional qualifications.*

**IMPORTANT**

**Disclosure of Material Facts**

It is essential that every proposer or insured, when seeking a quotation, taking out or renewing an insurance, reveals to the prospective insurers any material facts or information (including any material circumstance) which might influence the judgment of an insurer in fixing the premium or in determining whether he will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, please do not hesitate to seek our advice.

I or we declare that the statements and particulars in this Statement of Fact are True and that I/We have not mis-stated or suppressed any material facts.



I or we agree that this Statement of Fact together with any other information supplied by me or us shall form the basis of any Contract of Insurance effected thereon.

I or we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [underwriting@revau.com](mailto:underwriting@revau.com)

*\*A copy of the statement of fact should be retained by you for your own records.*

