

Beauty Insured

Beauty Insured Proposal Form



Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered. All questions must be answered to enable a quotation to be given. Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Section A - Company Information**1. Please Provide the Following:**

Company Name	Date of Establishment

2. Please provide contact details:

Full Name	
Contact Number	
Email Address	

3. Address including postcodes:

4. Do you currently have Medical Malpractice Insurance?☐ Yes☐ No**If YES please provide the following**

Name of current insurers:	
Renewal date:	
Retroactive date:	

5. Please provide the following:

Turnover (last completed financial year)

Turnover (next twelve months)

£

£

6. Please confirm if you the insured are:

<input type="radio"/> A	OR	<input type="radio"/> B
<input checked="" type="checkbox"/> Are an individual and/or a sole trader		<input checked="" type="checkbox"/> When performing Injectable Treatments hold a NVQ level 3 or equivalent Beauty qualification with more than 6 months post qualification experience.
<input checked="" type="checkbox"/> Are qualified and/or certified to perform the declared activities. (Proof may be required in the event of a claim)		<input checked="" type="checkbox"/> Hold minimum training/teaching certificate and minimum 12 months experience in all treatments for which you are providing training.
<input checked="" type="checkbox"/> Hold a current license to practice with a UK or Irish relevant Regulatory Licensing Body GMC/GDC/NMC/IDC/IMC/NMBI/HCPG/GPhC or equivalent		<input checked="" type="checkbox"/> Hold UK Accredited training certificates for the treatments you wish to perform
<input checked="" type="checkbox"/> Confirm the treatments and income is correct as per the table below.		<input checked="" type="checkbox"/> Confirm that your income and the aesthetics treatments you perform are as per the Schedule
<input checked="" type="checkbox"/> Have had continuous Claims Made cover in force from the date which has been selected as the Retroactive Date		<input checked="" type="checkbox"/> Are an individual and/or a sole trader

If you answered A please select the treatment to be covered in section 7
If you answered B please select the treatment to be covered in section 8

7. Please tick all treatments to be covered from the list below...

TREATMENTS BRAND A LICENCED

- | | |
|--|--|
| <input type="checkbox"/> Advanced Botox | <input type="checkbox"/> PMP Bio Stimulation |
| <input type="checkbox"/> Advanced Dermal Fillers | <input type="checkbox"/> Prescribing Services excluding weight loss drugs and online Prescribing |
| <input type="checkbox"/> Allergy Testing (Patch and Skin Prick Testing) | <input type="checkbox"/> Local Anaesthetic applications for Aesthetic Treatments |
| <input type="checkbox"/> Application of branded third party skin care products | <input type="checkbox"/> Medical Needling/Collagen Induction Therapy including the application of topical aesthetic cream |
| <input type="checkbox"/> Aqualyx injections | <input type="checkbox"/> Mesotherapy all treatments |
| <input type="checkbox"/> Azzalure | <input type="checkbox"/> Microdermabrasion and Hydra dermabrasion |
| <input type="checkbox"/> BB Glow | <input type="checkbox"/> Micro-needling |
| <input type="checkbox"/> Bio Identical Hormone Therapy | <input type="checkbox"/> Micropigmentation/Microblading and SPMU including the use of topical adrenaline during the application of this treatment. |
| <input type="checkbox"/> Botulinum Toxin | <input type="checkbox"/> Micro sclerotherapy |
| <input type="checkbox"/> Botulinum Toxin Prescribing | <input type="checkbox"/> Nap page all treatments |
| <input type="checkbox"/> Brow Lamination | <input type="checkbox"/> Needle shaping |
| <input type="checkbox"/> Carbon Facial | <input type="checkbox"/> Non Invasive Blepharoplasty |
| <input type="checkbox"/> Carboxytherapy | <input type="checkbox"/> Non –invasive laser Body Contouring procedures |
| <input type="checkbox"/> Cell erase Treatment | <input type="checkbox"/> Non-cancerous Moles/skin tags/Cysts/wart/ milia, Campbell de Morgan spots, Verrucas, Toe nail fungus, Superficial Vascular Lesions, Keloid scars, Lentigo, Seborrheic/Actinic Keratoses,Dermatofibromas and Lipomas removal |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Non-Invasive Brazilian Butt lift (BBL) |
| <input type="checkbox"/> CO2 Laser | <input type="checkbox"/> Non-surgical Blepharoplasty using Plasma Technology |
| <input type="checkbox"/> Collagen Induction Therapy | <input type="checkbox"/> Oral and topical homeopathic remedies |
| <input type="checkbox"/> Colon Hydrotherapy | <input type="checkbox"/> Over the counter herbal and nutritional supplements |
| <input type="checkbox"/> Coolsculpt/Cryotherapy/Shockwaves/Cryotherapy | <input type="checkbox"/> Pain relief injections/creams |
| <input type="checkbox"/> Cryolipolysis | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Cryopen | <input type="checkbox"/> Phototherapy |
| <input type="checkbox"/> Dental Blocks | <input type="checkbox"/> Piercing |
| <input type="checkbox"/> Derma Pen | <input type="checkbox"/> Plasma Pen |
| <input type="checkbox"/> Derma Roller | <input type="checkbox"/> Plasma Shower |
| <input type="checkbox"/> Dermal Fillers | |
| <input type="checkbox"/> Dermaplaning | |
| <input type="checkbox"/> Diet / Nutritional Advice | |
| <input type="checkbox"/> Distributor and product Trainer of Organic | |
| <input type="checkbox"/> Skin Care products | |
| <input type="checkbox"/> Electrolysis | |

- | | |
|---|--|
| <input type="checkbox"/> Fat Dissolving mesotherapy injections (including Aqualyx, Sunekos, Botox etc.) | <input type="checkbox"/> PlasmaBlast (Fibroblast) |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Prophilos |
| <input type="checkbox"/> Fractora and Fractional Skin Resurfacing | <input type="checkbox"/> Profound RF (Non Surgical face lift) |
| <input type="checkbox"/> Fractora and Fractional Skin Resurfacing (Radiofrequency) | <input type="checkbox"/> Radio Frequency Treatments (excluding Genitalia) |
| <input type="checkbox"/> Fraxin | <input type="checkbox"/> Revolax |
| <input type="checkbox"/> Fraxis | <input type="checkbox"/> Scalp Miropigmentation/Tricopigmentation including the use of topical adrenaline during the application of this treatment |
| <input type="checkbox"/> General Beauty Treatments | <input type="checkbox"/> Sclerotherapy |
| <input type="checkbox"/> General Dental Nurse Duties | <input type="checkbox"/> Subcutaneous injections of homeopathic remedies |
| <input type="checkbox"/> Hair Growth/Rejuvenation using | <input type="checkbox"/> Sunekos |
| <input type="checkbox"/> low-level light therapy | <input type="checkbox"/> Tattoo |
| <input type="checkbox"/> HIFU excluding genitalia | <input type="checkbox"/> Tattoo Lightening |
| <input type="checkbox"/> HIFU including genitalia | <input type="checkbox"/> Tattoo Removal - Non Laser |
| <input type="checkbox"/> Hii Pen, Hya pen and Hylauron Pen | <input type="checkbox"/> Teeth Whitening (Licensed IDC Practitioner only) |
| <input type="checkbox"/> Holistic Therapy | <input type="checkbox"/> Thread Vein Removal |
| <input type="checkbox"/> Hyaluronidase/Hyalase | <input type="checkbox"/> Training Other professional in Band A treatments |
| <input type="checkbox"/> Hyperboost via Nappage | <input type="checkbox"/> Ultrasonic Cavitation |
| <input type="checkbox"/> Hyperhydrosis | <input type="checkbox"/> Ultrasound Rejuvenation (excluding genitalia) |
| <input type="checkbox"/> IM Injections | <input type="checkbox"/> Up to 9 sunbeds |
| <input type="checkbox"/> IV Infusion therapy and Vitamin B12 | <input type="checkbox"/> Viscoderm Hydroboosters |
| <input type="checkbox"/> Booster injections | <input type="checkbox"/> Weight loss Prescribed Injectable i.e. Saxenda /Ozempic/ Orlistat (Doctor, Dentist, Nurse or Pharmacist only) |
| <input type="checkbox"/> Laser (Non Ablative) | <input type="checkbox"/> Xela Rederm Fractora and Fractional Skin Resurfacing (Radiofrequency) |
| <input type="checkbox"/> LED Light Therapy | |
| <input type="checkbox"/> Lidocane/Lignocaine | |
| <input type="checkbox"/> Platelet Rich Plasma (PRP) for facial/Neck rejuvenation | |
| <input type="checkbox"/> Platelet Rich Plasma (PRP) for scalp hair restoration, breast augmentation and genital rejuvenation (Medical Practitioners only) | |

TREATMENTS BRAND B LICENCED

- | | |
|---|--|
| <input type="checkbox"/> 0 plus Sunbeds | <input type="checkbox"/> Tattoo Removal - Laser |
| <input type="checkbox"/> Dermal Fillers for Breast and Genitalia procedures (Medical Practitioner only) | <input type="checkbox"/> The TCA Cross Method (Medical Practitioner only) |
| <input type="checkbox"/> Radio Frequency for Vaginal Treatments | <input type="checkbox"/> Thread lifting - PDO/Silhouette Soft - English domiciled must be CQC Registered |
| <input type="checkbox"/> Super Hair Removal | <input type="checkbox"/> Training Other professional in Band B treatments |

TREATMENTS BRAND C LICENCED

- | | |
|--|--|
| <input type="checkbox"/> Autologous Fat Transfer | <input type="checkbox"/> Platelet Rich Plasma (PRP) for O Shot and P Shot (Medical Practitioners only) |
| <input type="checkbox"/> Cellfina | <input type="checkbox"/> Steroid injections/creams to treat psoriasis, acne, eczema, onychomycosis and scarring only |
| <input type="checkbox"/> Desoface/Desobody | <input type="checkbox"/> Thread Lifting (Non dissolve) (Medical Practitioner only) /Salon/Clinic must be CQC Registered) |
| <input type="checkbox"/> Ear Lobe Correction (Medical Practitioner only) | <input type="checkbox"/> Training Other professional in Band C treatments |
| <input type="checkbox"/> Femilift | <input type="checkbox"/> Weight Loss Lipolysis (Lipo-Dissolve/Lipostabil/Essentiale, Aqualyx) |
| <input type="checkbox"/> Invasive Brazilian Buttock Lift (BBL) | <input type="checkbox"/> Weight loss Prescribed Injectable i.e. Saxenda /Ozempik (Registered) |
| <input type="checkbox"/> Laser – non surgical Vulvo-vaginal reuvenation | |
| <input type="checkbox"/> Laser (Ablative) /IPL skin types 1-6 | |
| <input type="checkbox"/> Laser Hair Removal | |
| <input type="checkbox"/> Non-surgical treatments for nose and sinus allergies using U/V Phototherapy | |

TREATMENTS BRAND D LICENCED

- | | |
|---|---|
| <input type="checkbox"/> Biofibre Hair Transplant (Medical Practitioner only) | <input type="checkbox"/> Lipolysis/Vaser/Body Tite (Medical Practitioners only) |
| <input type="checkbox"/> Hair Transplant (FUE) (Medical Practitioners only) | <input type="checkbox"/> Training Other professional in Band D treatments |

TREATMENTS BRAND E LICENCED

- | |
|--|
| <input type="checkbox"/> Hair Transplant (FUT/Strip method) (Medical Practitioners only) |
| <input type="checkbox"/> Liposuction (Medical Practitioners only) |

8. Please tick all treatments to be covered from the list below...

TREATMENTS A NON-LICENCED

- | | |
|--|---|
| <input type="checkbox"/> Allergy Testing (Patch and Skin Prick Testing) | <input type="checkbox"/> Holistic Therapy |
| <input type="checkbox"/> Application of branded third party skin care products | <input type="checkbox"/> Hyperboost via Nappage |
| <input type="checkbox"/> BB Glow | <input type="checkbox"/> LED Light Therapy |
| <input type="checkbox"/> Brow Lamination | <input type="checkbox"/> Local Anaesthetic applications for Aesthetic Treatments |
| <input type="checkbox"/> Caboxytherapy | <input type="checkbox"/> Medical Needling/Collagen Induction Therapy including the application of topical aesthetic cream |
| <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Mesotherapy all treatments |
| <input type="checkbox"/> Colon Hydrotherapy | <input type="checkbox"/> Microdermabrasion and Hydradermabrasion |
| <input type="checkbox"/> Coolsulpt/Cryotherapy/Shockwaves/Cryotherapy | <input type="checkbox"/> Nap page all treatments |
| <input type="checkbox"/> Cryolipolysis | <input type="checkbox"/> Non –invasive laser Body Contouring procedures |
| <input type="checkbox"/> Cryopen | <input type="checkbox"/> Oral and topical homeopathic remedies |
| <input type="checkbox"/> Dental Blocks | <input type="checkbox"/> Over the counter herbal and nutritional supplements |
| <input type="checkbox"/> Derma Pen | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Derma Roller | <input type="checkbox"/> Phototherapy |
| <input type="checkbox"/> Dermaplaning | <input type="checkbox"/> Platelet Rich Plasma (PRP) for facial /Neck rejuvenation |
| <input type="checkbox"/> Diet/Nutritional Advice | <input type="checkbox"/> PMP Bio Stimulation |
| <input type="checkbox"/> Distributor and product Trainer of Organic Skin Care products | <input type="checkbox"/> Radio Frequency Treatments (excluding Genitalia) |
| <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Thread Vein Removal |
| <input type="checkbox"/> Fat Dissolving mesotherapy injections (etc Aqualyx) | <input type="checkbox"/> Training Other professional in Band A treatments with 12 months full time experience and hold a Certificate of Education - Excluding Non -Licensed Practitioners performing Botox. |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Ultrasonic Cavitation |
| <input type="checkbox"/> General Beauty Treatments | <input type="checkbox"/> Ultrasound Rejuvenation (excluding genitalia) |
| <input type="checkbox"/> Hair Growth/Rejuvenation using low-level light therapy | <input type="checkbox"/> Up to 5 Sunbeds |
| <input type="checkbox"/> HIFU excluding Genitalia | |
| <input type="checkbox"/> Hii Pen, Hya pen and Hylauron Pen | |

TREATMENTS B NON-LICENCED

- | | |
|--|--|
| <input type="checkbox"/> 6 plus Sunbeds | <input type="checkbox"/> Non-surgical Blepharoplasty using Plasma Technology |
| <input type="checkbox"/> Carbon Facial | <input type="checkbox"/> Piercing |
| <input type="checkbox"/> CO2 Laser | <input type="checkbox"/> Plasma Pen |
| <input type="checkbox"/> Collagen induction therapy | <input type="checkbox"/> Plasma Shower |
| <input type="checkbox"/> Fractura and Fractional Skin Resurfacing | <input type="checkbox"/> PlasmaBlast (Fibroblast) |
| <input type="checkbox"/> Fraxis | <input type="checkbox"/> Scalp Miropigmentation/Tricopigmentation including the use of topical adrenaline during the application of this treatment |
| <input type="checkbox"/> Laser (Non Ablative) | <input type="checkbox"/> Sclerotherapy |
| <input type="checkbox"/> Micro-needling | <input type="checkbox"/> Super Hair Removal |
| <input type="checkbox"/> Micropigmentation/Microblading and SPMU including the use of topical adrenaline during the application of this treatment. | <input type="checkbox"/> Tatoo Removal - Laser |
| <input type="checkbox"/> Microsclerotherapy | <input type="checkbox"/> Tattoo |
| <input type="checkbox"/> Needleshaping | <input type="checkbox"/> Tattoo Lightening |
| <input type="checkbox"/> Non Invasive Blepharoplasty | <input type="checkbox"/> Tattoo Removal - Non Laser |
| <input type="checkbox"/> Non-cancerous Moles/skin tags/Cysts/wart/ milia, Campbell de Morgan spots, Verrucas, Toe nail fungus, Superficial Vascular Lesions, Keloid scars, Lentigo, Seborrhic/Actinic Keratoses, Dermatofibromas and Lipomas removal | <input type="checkbox"/> Thread lifting - PDO/Silhouette Soft - English domiciled must be registered with CQC |
| | <input type="checkbox"/> Training Other professional in Band B treatments with 12 months full time experience and hold a Certificate of Education. |

TREATMENTS C NON-LICENCED

- | | |
|--|--|
| <input type="checkbox"/> Laser – non surgical Vulvo-vaginal reuvenation | <input type="checkbox"/> Radio Frequency for Vaginal Treatments |
| <input type="checkbox"/> Laser (Ablative) /IPL skin types 1-6 | <input type="checkbox"/> Training Other professional in Band C treatments with 2 years full time experience and hold a Certificate of Education. |
| <input type="checkbox"/> Laser Hair Removal | |
| <input type="checkbox"/> Non-surgical treatments for nose and sinus allergies using U/V Phototherapy | |

TREATMENTS D NON-LICENCED

- | | |
|--|---|
| <input type="checkbox"/> Advanced Botox | <input type="checkbox"/> Platysmal Bands |
| <input type="checkbox"/> Advanced Dermal Fillers | <input type="checkbox"/> Profhilo |
| <input type="checkbox"/> Azzalure | <input type="checkbox"/> Profound RF (Non Surgical face lift) |
| <input type="checkbox"/> Botulinum Toxin | <input type="checkbox"/> Revolax |

- | | |
|---|--|
| <input type="checkbox"/> Dermal Fillers | <input type="checkbox"/> Non-Invasive Brazilian Butt lift (BBL) |
| <input type="checkbox"/> Fraxin | <input type="checkbox"/> Sunekos |
| <input type="checkbox"/> Hyaluronidase/Hyalase | <input type="checkbox"/> Training other professionals in Band D treatments with 12 months full time experience and hold a Certificate of Education |
| <input type="checkbox"/> Hyperhydrosis | <input type="checkbox"/> Viscoderm Hydroboosters |
| <input type="checkbox"/> IV Infusion therapy and Vitamin B12 Booster injections | <input type="checkbox"/> Xela Rederm |
| <input type="checkbox"/> Lidocane/Lignocaine | |

Important Notice:

- ☐ Have any claims in respect of the risks to which this form relates ever been made against the business or any of the Principals, Partners or Directors?
- ☐ Has any proposal in respect of the risks to which this form relates ever been declined or has any such insurance ever been cancelled or renewal refused?
- ☐ Have any of the Principals, Partners or Directors ever been subject to Insolvency or Bankruptcy proceedings, have or had any CCJ, or have a criminal conviction or Prosecutions Pending?

Date:**Signature of Principal or Director****Please provide any additional information:**