

**Professional Insurance Portfolio**  
 Aesthetic proposal from  
 Medical malpractice

The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.

You must inform us of any changes, or claims pending and the sign the Declaration.

**General information**

Company and/or Individual name:

Main address:

Contact number and email address:

**Total income**

Activity	Current year	Forthcoming year
Estimate annual income for aesthetic treatments excluding sale of goods	£	£
Aesthetic training given to others for a fee	£	£

**Risk management**

Please confirm that all records, to date and in the future will be maintained for at least ten years?

Yes  No

Are all professionally qualified staff NOT COVERED UNDER THIS POLICY members of a medical or dental defence organisation, or otherwise fully insured for their own malpractice, and do you retain records to ensure this?

Yes  No

**Regulatory bodies**

Please give details of the professional bodies, or licensing authorities you are registered with:

**General**

Do you provide remote prescribing services for other practitioners?

Yes  No

If yes, please confirm your income derived from this activity:

£

Are photographs taken pre and post first treatments?

Yes  No

Do you inform your clients of all possible side effects arising from your treatments and obtain a signed consent form evidencing this?

Yes  No

If you offer any treatments or services involving moles, milia or skin tags, do you require your customers to provide a letter from an independent Doctor or suitably qualified medical professional which approves of any removal?

Yes  No

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Please provide details of the procedures you provide:

What treatments do you offer?	State product or system used	Name of practitioners providing treatment
Botox		
Chemical peel – superficial peels excluding TCA		
Chemical peel – medium peels using TCA up to 40%		
Chemical peel – deep peels using Phenol or TCA over 40%		
Carboxytherapy		
Colonic hydrotherapy		
Dental block/local nerve infiltration		
Dermaroller/micro needling – 1.5mm		
Dermaroller/micro needling – up to 2.5mm face and 3mm body		
Derma filler (temporary)		
Dermal fillers (semi permanent) sculptra, varioderm		
Hyperhydrosis – advanced botox training		
Laser hair removal (non ablative – IPL,LHE) Must be CE marked equipment Skin type 1-4		
Laser hair removal (non ablative – IPL,LHE) Must be CE marked equipment Skin type 5-6		
Laser rejuvenation (non ablative – IPL, LHE, LED) Must be CE marked equipment Skin type 1-4		
Laser rejuvenation (non ablative – IPL, LHE, LED) Must be CE marked equipment Skin type 5-6		
Laser tattoo removal – Q switched lasers only Must be CE marked		
Laser thread vein, acne, skin firming		
Laser lipolysis - Smart lipo deka - Osyris pharon - Vaser Lipo		
Macrolane		
Mesotherapy		
Microdermabrasion		
Platysmal bands – botox		
Radiofrequency body contouring (fat and		

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cellulite reduction)		
Radio frequency skin tightening		
Removal of skin tags, milia and non malignant moles only		
Micro/sclerotherapy (non varicose)		
Semi permanent make up / Micropigmentaion		
Teeth whitening- hydrogen peroxide and carbamide peroxide treatments		
Teeth whitening - all other teeth whitening products		
Other treatments/procedures (please specify)		

Have you ever provided or do you intend to provide any services, products or treatments to any high profile clients who rely on their appearance for their livelihood?

Yes  No

If YES, please provide details of the procedures you provide:

Description of your high profile clients and their procedures (please provide as much detail as possible)	Percentage of income this work provides	Area of the body treated

**Additional cover**

Do you require public liability insurance?

Yes  No

Do you require personal accident insurance?

Yes  No

**Professional persons**

Please indicate if you are a:

- Surgeon       Doctor       Dentist       Nurse  
 Paramedic       ODP       Dental therapist/hygienist       Beauty therapist

Name, position and professional qualification	Professional body	Number of years in aesthetics	Employed / self-employed	Cover required under this policy
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Please continue on a separate page if necessary

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**Claims and related**

In relation to your business activities, are you aware after reasonable enquiry of any shortcoming in your work which is likely to lead to a claim against you. This includes, but is not limited to: Yes  No

- a. Adverse reaction causing pain, discomfort or scarring whether temporary or not;
- b. A verbal or written complaint to a member of staff;
- c. Clients refusal to pay in full or part or delay of payment for treatment
- d. Client not coming back for a consultation after an adverse reaction
- e. Client not coming back for a planned post consultation
- f. Client not coming back for another pre-booked appointment or treatment

If so, please provide details:

Date of incident	Type of procedure	Name of administering practitioner	Nature of client and name of claimant	Value of claim	Paid or reserved?

Has any claim whether successful or not, ever occurred or been made against you or any past or present partner, director or employee in respect of any risk now required to be insured? Yes  No

If so, please provide details:

Date of incident	Type of procedure	Name of administering practitioner	Nature of client and name of claimant	Value of claim	Paid or reserved?

Please confirm that you have not been:

- g. declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt either in a personal capacity or as a business Yes  No
- h. convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974 Yes  No

**Previous insurance history**

Do you carry, or have you carried, malpractice insurance in the last 12 months? Yes  No

If yes, please confirm:

Name of insurer



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Present limit of indemnity

Excess under current policy

Current premium paid

Has the previous policy been on a claims made basis? Yes  No

If yes, please confirm the retroactive date

Has any insurer ever cancelled your medical malpractice/ professional indemnity policy, declined/refused to renew, or only accepted the risk at a special terms? Yes  No

If yes, please provide details:

### Insurance details

#### Important notice for your protection

Within 30 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct.

In the event that you change your mind you have 14 days to cancel the policy and, providing that no claims have been made, receive a full refund. After that period you can cancel your policy by giving 30 days' notice.

### Acceptance

I would like to proceed with cover to start on\*

\*Please note that you can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application will be rejected if you choose a commencement date in the past or more than 30 days in the future.

**Please note that cover will only commence once you have received confirmation from Hiscox**

### Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

### Data protection

By signing this proposal acceptance form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to

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process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

### Declaration

I/We declare that (a) this proposal acceptance form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of my/our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to avoid this insurance.

I/We agree that this proposal acceptance form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

I/We confirm that, after reasonable enquiry, there are no claims against me/us nor any circumstance that may give rise to a claim or a loss.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to your broker once it has been completed.

A copy of this proposal acceptance form and any other information supplied to us for the purposes of obtaining this insurance should be retained for your records.

### Complaints

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact Lonsdale Insurance Brokers Ltd, 24 Creechurch Lane London EC3A 5JX, in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX