

MEDI|GUARD
AESTHETIC

Proposal Form

MEDI|GUARD

IMPORTANCE NOTICE TO THE PROPOSER:

It is important that you provide us with all the information that Insurers require to be able to provide a quotation. Any 'material fact' any information which may alter the judgement of an insurer in assessing the risk must be disclosed to the Insurers. Any 'material change' must be disclosed to the Insurers. A 'material change' is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

HOW TO COMPLETE THIS FORM:

This proposal form must be completed in black ink by the proposed individual/company. If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form.

SECTION A – PERSONAL/PRACTICE

COMPANY/ INDIVIDUAL FULL NAME: DATE OF BIRTH:

PRACTICE ADDRESS: POSTCODE:

HOME ADDRESS (IF APPLICABLE) POSTCODE:

MOBILE TEL NO: PRACTICE TEL NO:

EMAIL:

SECTION B - ESTIMATED INCOME

ACTIVITY	PAST INCOME	ESTIMATED INCOME
Estimated income for aesthetic treatments (ex sale of goods)	<input type="text"/>	<input type="text"/>
Aesthetic training provided for a fee	<input type="text"/>	<input type="text"/>

SECTION C: STAFF

Please indicate your professional status, or if you are a clinic please include numbers

Dr (GP)	Nurse	Dentist	Beauty Therapist	Other – please specify
<input type="checkbox"/> NUMBERS	<input type="checkbox"/> NUMBERS	<input type="checkbox"/> NUMBERS	<input type="checkbox"/> NUMBERS	<input type="text"/> NUMBERS

Name, position and professional Qualification	Professional body	Number of years in aesthetics	Employed Self-Employed	Cover required under this policy
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

Please attach on a separate page if necessary.

GENERAL INFORMATION

Are photographs taken pre and post treatments?

Y N

Do you inform your clients of all possible side effects arising from your treatments and obtain a signed consent form evidencing this for each treatment on every occasion?

Y N

Please confirm that you maintain clients records for at least ten years?

Y N

If no, please confirm reasons why:

PRESCRIPTION SERVICES

Do you provide prescribing services for other medics?

Y N

If yes please confirm your income from this activity: £

SECTION D: TREATMENTS

Type of treatment	Products or system use	Name of practitioner providing treatment	Percentage of income derived from this activity
Aqualyx			
Botulinum toxin			
Chemical peel – superficial peels excluding TCA			
Chemical peels Medium or Strong Phenol, TCA over 40% (please indicate strength)			
Derma Fillers)Temporary & permanent)			
Derma Rollers / micro needling (Please state which depth you work to on face and torso)			
Fat busting techniques, Radio frequency, Body contouring or Ultrasound body contouring. (Please specify)			
Laser Lipolysis – Smart Lipo, Vaser, Bodytite. (Please specify)			
Mesotherapy			
Microsclerotherapy Ex varicose veins)			
Microblading			
Microdermabrasion			
Macrolane			
Radio frequency skin tightening, contouring (fat and cellulite)			
Removal of skin tags, mila and non-malignment moles only (Please indicate how this is done)			
Semi-permanent make up			
Semi-permanent make use of lignocaine/ Dental block/local nerve infiltration			
Teeth Whitening			
Other – Please specify			

SECTION E: CLAIMS EXPERIENCE

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?

Yes No

This includes, but is not limited to the following:

- Adverse reaction causing pain, discomfort or scarring whether temporary or not;
- A verbal or written complaint to a member of staff;
- Clients refusal to pay in full or part or delay of payment for treatment;
- Clients not coming back for a consultation after an adverse reaction;
- Client not coming back for a planned post consultation;
- 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?

Has any Insurer declined to insure you, impose special terms, cancelled or decline to renew your insurance?

Yes No

If Yes – Please use the Additional information sheet

SECTION F : ADDITIONAL COVER

Do you require Public Liability cover Y N

Please advise of the first day cover is required: DD MM YEAR

SECTION G: INDEMNITY HISTORY

Please provide full details of previous cover – please include all since qualification

Indemnity provider	Limit of Indemnity	Start Date	Excess	Premium

Please state limit of indemnity required (GBP):

Has prior cover been on a CLAIMS MADE basis? Yes No

If 'Yes' what is the retroactive date?

SECTION H: DECLARATION

I declare that the statements and particulars contained in the proposal form are true and that I have not mis-stated or suppressed any material facts.

I agree that this proposal form together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alterations to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after completion of the proposal form and throughout any period of insurance (any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature

Print name

Date.....

This proposal form, duly completed, together with any supplementary information, must be signed in ink. Signature of the form does not bind the Proposer or the Underwriters to complete this insurance.

Data Protection Act – All personal information supplied by you will be treated in confidence by GS London Markets Ltd and will not be disclosed to any third parties except in the process of providing insurance terms, unless your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems GS London Markets Ltd or our agents or subcontractor.

