

The following cover restriction will apply to your policy:

Micropigmentation/Micropigmentation pigment removal and correctional procedures

This certificate of insurance excludes:

- A) Treatment of persons aged under 18
- B) Pigments which are not supplied by an identifiable source. The supplier must be noted on the consultation record card.
- C) Persons who the insured is aware
 - i) are haemophiliac
 - ii) are pregnant or nursing
 - iii) are under the influence of alcohol or drugs
 - iv) have Hepatitis C
 - v) are five weeks pre or post radiotherapy/chemotherapy treatment unless medical consent is given
 - vi) are epileptic and have experienced a seizure in the last two years.
 - vii) those taking Warfarin unless medical consent is given
 - viii) those using Antasuse and Roaccutane within 6 months of the treatment date
 - ix) those with visible evidence of a cold sore or fever blister or a skin disorder on the area to be treated.
- D) Persons who have not signed a consent form

It is a further condition of this insurance that all clients declaring any medical condition or are taking prescribed medication must sign a consent form that they understand how their condition or medication may affect the treatment including bruising, bleeding and additional healing time.

E) Those who have not been offered a patch test and have not signed the consent form to state that they have been offered but refused a patch test. For those undertaking a patch test a period of 2 hours should be allowed in between the patch test and the treatment.

F) The use of a laser for correction procedures.

G) The use or removal of indelible inks.

H) The application or removal of body tattoos. This does not apply to paramedical tattooing.

All other terms, conditions, exclusions and limitations in this policy remain unaltered.

Holistic Insurance Services, 181A Watling Street, Towcester, Northants, NN12 6BX

Tel: 0845 222 2236

Fax: 0845 222 2237

www.holisticinsurance.co.uk

INSURANCE PROPOSAL FORM

Malpractice/Professional Indemnity/Public/Products Liability Insurance (Losses Occurring Basis)

Please complete in blue or black ink. Make sure that everything is legible. This form is scanned electronically. Please answer all questions. No Insurance is in force until confirmation has been given. The completion of this form does not bind either you or the insurer in contract.

Name including any trading name and title (Mr/Mrs/Ms/Miss)

Correspondence Address

Postcode

Telephone Number

Email address

Therapies that you wish to cover: **Please enclose a copy of your qualification certificate/diploma**

	Therapy	Dates / Duration of Training Course You Attended OR Are Attending	Teacher / College
1	Micropigmentation		
2			
3			
4			
5			

Please use a separate sheet if you have more therapies that you require cover for.

Some therapies not included on the approved therapies list may require an increase in premium.

Do you maintain client's records and retain them for at least 7 years?

Yes No

Are you a member of any Professional Organisation? If yes, please list

Yes No

Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation

Yes No

Do you carry or have you carried Professional Indemnity Insurance during the last 12 months

Yes No

If yes, please provide

<i>Name of Insurer</i>	
<i>Limit of Indemnity</i>	
<i>Expiry date of the policy</i>	

A) Have you had any claims or suits for negligence, errors or omissions been made against you or are you aware of any circumstances which may result in any such claims being made against you

Yes No

B) Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance

Yes No

C) Have you ever been convicted of, or cautioned for (or charged but not yet tried with) any criminal offence (other than motoring offences)?

Yes No

If yes to questions A, B or C above, please give full details on a separate sheet and you will be contacted.

Date Insurance to commence

I hereby declare and warrant the above statements and particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts and I agree that this proposal form shall be the basis of the contract with the underwriters and deemed to be part of the insurance coverage issued to me.

Signature of Proposer Date

We cannot accept any proposal form which is signed/dated more than 30 days prior to the commencement date.

**Please forward all documentation to:
Holistic Insurance Services, 181A Watling Street West, Towcester, Northants. NN12 6BX
Telephone number 0845 222 2236 Fax Number 0845 222 2237**

PAYMENT

METHODS OF PAYMENT (Please tick chosen option):

By cheque, bank draft or postal order - made payable to Holistic Insurance Services. If you are based in Eire, payment must be in **EUROS** not Sterling

By debit/lazer card

By credit card (Visa or Mastercard only)

Note a fee of 2.5% is added to credit card payments

Card number:

Expiry date: ___/___ Issue number (Switch only) _____ Valid From Date ___/___

Card security code:

Please make payment with order: we will not cash your payment unless your application is approved. Please allow up to 5 - 10 days for processing.

Holistic Insurance Services is a trading name of GINS Ltd

Authorised and Regulated by the Financial Services Authority

The insurance is underwritten by Novae Underwriting Limited underwriting for certain underwriters at Lloyd's