

proposal
form



Important information

This proposal form is for a **claims made** policy. A claims made policy only responds to claims made against the insured and notified to insurers during the period of insurance arising from treatment provided on or after the policy **retroactive date**. This proposal form can be completed electronically or by hand and must be signed and dated by an authorised representative of the insured. All hand written notes must be clearly legible and all questions should be answered fully, stating “Nil” or “None” as applicable. Incomplete answers may delay quotation.

Please attach all supporting documents and include as much detail as possible, using the additional sheets as required.

What you need to tell insurers

It is your duty to make a fair presentation of the risk to the Insurers in accordance with Section 3 of the Insurance Act 2015 by disclosing to insurers all circumstances and representations material to the proposed insurance.

For a summary, please refer to the LMA9117 at the back of this Proposal Form and Section 3 of the Insurance Act 2015 for a full explanation of the Duty of Fair Presentation.

A circumstance or representation is material if it would influence the judgement of a prudent insurer in determining whether to take the risk and, if so, on what terms.

Please ensure you have signed and dated the declaration statement at the end of this proposal form.

Section 1 – General information

1.1 Name of insured

1.2 Address of the named insured

Country

1.3 Please state the following for the named insured

- a) Date of birth (DD/MM/YYYY) / /
- b) Contact telephone
- c) Email address

1.4 Please confirm for which discipline(s) you require cover:

Aesthetic / Cosmetic
Botulinum toxin
Chemical peels*
Dermal fillers*
Laser /IPL*
Laser lipolysis
Mesotherapy
Teeth whitening*
Other (please specify)*

*For all items marked * please provide details of all products used in the treatment processes for Aesthetic/Cosmetic treatments*

1.5 Qualifications

Please confirm if you are qualified and/or accredited to perform the above declared activities. Yes No
 Please provide details of any recognised qualification(s) held. Proof may be required by the underwriters:

Please tick the appropriate box if you are qualified and/or hold a licence to practice any of the following:
 Nurse Doctor Dentist Beautician/NVQ 3
 Other (please specify)

Section 2 – Business information

2.1 Please confirm the number of treatments you performed for the discipline(s) that you require cover:

Previous year Next year (estimate)

2.2 Please provide your total gross income based on your activity(ies) for which you require cover.
 If this is a new business please provide an estimated figure:

Previous year Next year (estimate)

Section 3 – Previous insurance history

3.1 Please provide full details of your previous and current medical professional liability cover:

Year	Insurer	Period of cover	Limit of indemnity	Excess	Premium

3.2 Has any application for this type of insurance cover ever been

Declined Cancelled Required any special terms None

If any of the above are applicable, please provide detailed explanation and additional information on the supplementary sheet(s)

Section 4 - Insurance requirements

4.1 Please confirm if you require cover for past work (retroactive cover) Yes No

If Yes, please confirm the date you have held continuous cover on a claim made basis. (DD/MM/YYYY) / /

4.2 Please provide details of the limit and excess required:

Limit of indemnity Excess



Section 5 - Claims history

5.1 Please list all claims made against the proposer and all circumstances that could give rise to a complaint and/or claim during the last 10 years. If none, please state "None". For additional space please use the supplementary pages.

Claim/ complaint/ incident	Status open or closed	Incident date (dd/mm/yyyy)	Reserve (£/€)	Total value (£/€)	Description/ nature of allegations

Declaration

Please use the supplementary page(s) to add any pertinent information or additional information as may be required to fully answer the questions.

Prior to the commencement of the contract of insurance, you must make a fair presentation of the risk to be insured under this Policy in accordance with the terms of the Insurance Act 2015. I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we undertake to inform insurers of any material alteration to these facts occurring before the completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any policy period (and any extension thereto).

In accordance with the Insurance Act 2015, I/we declare that I/we have made a fair presentation of the risk. If you are unsure of your duty of fair presentation, please ask your broker for further information.

Signing this Declaration does not bind the proposer to complete this insurance.

Signature

Full name

Date / /

Insurance Act 2015 – Duty of fair presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

Supplementary information

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.