

CLINIC AND SURGERY APPLICATION FORM

IMPORTANT INFORMATION

Please read and understand the following notes before you complete this application form.

Who We Are:

Hamilton Fraser Cosmetic Insurance is part of the Hamilton Fraser group of companies. You can contact us at:

Address: 1st Floor, Premiere House, Elstree Way,
Borehamwood, Hertfordshire, WD6 1JH

Telephone: 0800 634 3881

Email: info@cosmetic-insurance.com

Material Facts

It is the duty of the proposer to disclose material facts to the underwriter. Where information omitted the insurer may avoid their obligation under the policy. A material fact shall be deemed to be one that would be likely to influence an underwriter's judgment and acceptance of your proposal. If you are in any doubt as to what you consider to be disclosed, you should inform us of this at the same time of completing. If there are any changes to the 'material fact' then you should inform us as soon as possible.

Acceptance of Your Proposal

Upon acceptance of the underwriter's terms and payment of the premium, all information provided by you together with supporting documentation will be deemed to be incorporated into the

contract between you and the insurer. You should keep copies of this proposal and supporting documentation for your own records.

Personal Data

We process the data you give to us so we can give you an insurance quote. If you decide to accept the quotation, we can send you the agreement. So we can do this, we'll also give this information to the insurers. We also may provide this information to third parties if you make a claim under the policy, or to prevent fraud.

Your data will be stored for the period provided by insurers from the date you terminate the policy, so that we can help settle any claim. If, however, you decide not to take the policy, it will be stored for years.

You have the right to request access to your personal data held by us and have it corrected or deleted once we no longer need it to fulfil your contract with us.

Presentation

This presentation must be completed in ink by the proposed individual. All questions must be answered and you can use any additional sheets within the proposal.

The Signing of this Proposal does not bind the Proposer or the underwriters to complete the contract of Insurance.

Please tick to confirm you have understood:

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About Us

1	Full Name of Proposer	
2	Trading Name (if different from the above)	
3	How long have you been trading?	
4	Have you ever engaged in similar activity under a different name	
	If YES please give full details	

Correspondence Address

5			
		Postcode	
	Country		
	Telephone Number		
	Mobile Number		
	Email Address		

Trading Address (if different from above)

5			
		Postcode	
	Country		
	Telephone Number		
	Mobile Number		
	Email Address		
6	Please state the ultimate owner or Holding Company of your business		
	Length of current operation by present Parent/Owner?		Years
7	Are your business books audited by a professional accountant once a year?		

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About Your Business continued

7	Neither you nor any director or partner of the business has:	Ever been declared bankrupt, been a director of a company which has gone into liquidation, or been convicted of arson, criminal deception, fraud, forgery, theft, robbery, handling stolen property, any crime of violence or with any offence against property;		
		Had any insurance cancelled, refused or subjected to special risks?		
8	No insurer has ever been declined or imposed any special terms on the buildings in respect or damage caused by subsidence, ground heave or landslip?			
9	Is there a flat roof at your premises?			
	If yes what percentage of the total roof area is flat?			
	What material is it constructed of?			
10	Are the business premises:	Occupied solely by you as a clinic/surgery and/or private dwelling and are not left unoccupied for more than 30 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Entirely self-contained with their own means of access?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Built solely of brick, stone or concrete and roofed with slate, tile, asbestos, metal or concrete, with no more than 50% deviation from the ABI definition of fire resisting or non-combustible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		In a good state of repair and will be so maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Heated by low pressure hot water apparatus or fixed gas or electric appliances; and	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Free from undue exposure to storm or flood damage by any other cause?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11	The doors and windows are of sound construction and fitted with locking devices in accordance with the minimum security requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is the electrical installation at all of the premises is inspected at least every five years by a qualified electrician and all defects are remedied accordingly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Is a fire risk assessment undertaken at each of the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Are the business premises free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these and are not in a known subsidence area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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Sum Insured continued

12	Buildings:		£	
	Fixtures and Fittings:		£	
	Tenants Improvements:		£	
	Rent Receivable:		£	
	Treatment Machines:		£	
	Computer Equipment:		£	
	General Contents and Stock:		£	
	Portable Equipment (Phones, Laptops etc) :		£	
	Business Interruption	Gross Profit (Estimated for coming year):		£
		Turnover (Last financial year):		£
		Wage Roll:		£
		Outstanding Debts:		£
Increased Costs of Working:		£		
Portable Equipment:		£		
Cover Required for:		UK <input type="checkbox"/>	UK & EU <input type="checkbox"/>	Worldwide <input type="checkbox"/>

Surgery Liability Cover

13	Is Public Liability Cover Required?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, what limit of indemnity is required?	£1,000,000 <input type="checkbox"/>	£2,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>
14	Is Employers Liability cover required? Please note that we provide a £10,000,000 limit of indemnity as standard for Employers Liability		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please advise what type of staff you have working for you:		Clerical & Non-Medical <input type="checkbox"/>	Medical and Practitioners <input type="checkbox"/>

Additional Information

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Additional Information continued

Declaration

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal, and supplementary attachments/addenda, are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Underwriters as soon as possible. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of this Proposal may result in Underwriters refusing to provide Indemnity voiding the Policy in every acceptance and assessment of this Proposal may result in the Underwriters refusing to provide Indemnity voiding the Policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between both parties in entered into.

NAME OF PROPOSER	
DATE	
SIGNATURE	

This Policy is effected with Hiscox Insurance Company Ltd and administered by Hamilton Fraser Insurance in accordance with the authorisation under Contract by the Underwriters.

Hamilton Fraser Cosmetic Insurance is a trading name of HFIS plc. HFIS plc is authorised and regulated by the Financial Conduct Authority. Registered Office: Lumiere House, Suite 1-3, 1st Floor, Elstree Way, Borehamwood, WD6 1JH. Registered in England: 3252806.