HAMILTON
FRASER

COSMETIC
INSURANCE

MEDICAL MALPRACTICE PRIVATE 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.

Claims

Any claims/incidents reported in the last 10 years must be declared within the proposal. Failure to provide correct information would be deemed a material fact and could jeapordise your policy in the event of a claim. If you have any uncertainties please do not hesitate to check prior to the acceptance of this proposal..

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.

Claims Made

This insurance is provided on a 'Claims Made' basis. This means that insurers will only consider claims where the incident giving rise to claim and the notification of the incident is made within the policy period.

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.

This application form should only be completed by corporate entities. If cover is required for a private individual, you should complete a private proposal form.

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)

6			
		Postcode	
	Country		
	Telephone Number		
	Mobile Number		
	Email Address		

About Your Qualifications

7a	In what capacity are you qualified or licensed to practice? (Please tick)			
	Nurse ☐	Doctor ☐	Dentist ☐	Surgeon ☐
	Other (Please give details)			
7b	Please Specify your qualification(s)			
7c	If other please state			
7d	Have all qualifications been obtained in the UK?		Yes ☐	No ☐

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Your Membership

8a	Please state your GMC/GDC/NMC membership number (if applicable)		
8b	Has membership or registration with this organisation ever been suspended, withdrawn, amended, declined or had special conditions attached?	Yes ☐	No ☐
	If YES please give full details		

Your Turnover

9	What is your total gross annual turnover from the performance if all reatments or which this proposal relates (If this is a new business please state your estimated income)		
10	Are you VAT registered	Yes ☐	No ☐

General Questions

11	Do you, or any person to which this proposal relates, suffer from any disability, transmittable disease (Hepatitis, HIV etc) or other impediment which may affect the performance of his or her professional duties?	Yes ☐	No ☐
	If YES please give full details		
12	Have you ever been the subject of a criminal offence (other than minor motoring convictions), professional disciplinary proceedings or enquiries?	Yes ☐	No ☐
13	Have you or any person to which this proposal relates, have not been 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 ☐
14	Do you perform any activities outside of the UK, Channel Islands, Northern Ireland or Isle of Man?	Yes ☐	No ☐
15	Do you provide Aesthetic Training?	Yes ☐	No ☐
	If YES please give full details		

Where Did You Hear About Us?

16	Training Course (please specify)		
	Exhibition / Conference (please specify)		
	Word of Mouth ☐	Industry Press ☐	Website ☐
	Other (Please Specify)		

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The Treatments To be Insured

17				
	Please detail below the treatments for which you require cover. Please provide clear copies of your training certificates for each of the treatments but please do not send original certificates as we are unable to return them to you.			
		Please specify all brands you use:	Please Tick:	
	Botulinum Toxin		Yes ☐	No ☐
	Dermal Fillers (Please specify brands)		Yes ☐	No ☐
	Chemical Peels		Yes ☐	No ☐
	Laser / IPL / LHE		Yes ☐	No ☐
	Thread Lifts		Yes ☐	No ☐
	Mesotherapy		Yes ☐	No ☐
	Radiofrequency		Yes ☐	No ☐
	Ultrasound		Yes ☐	No ☐
	Cryotherapy		Yes ☐	No ☐
	Weight Loss Injections		Yes ☐	No ☐
	Other Treatments		Yes ☐	No ☐

Previous Insurance

18	Have you ever been insured for Medical Malpractice Insurance / Medical Indemnity Insurance?				Yes ☐	No ☐
	If Yes please state:	a) The name of the Underwriter / Indemnity Provider				
		b) The insurance periods (DD / MM / YYYY)	From		To	
		c) The limit of liability provided				
		d) The excess / deductible applied				
19	Has any insurance applications for this type of insurance ever been:	a) declined			Yes ☐	No ☐
		b) cancelled			Yes ☐	No ☐
		c) had special terms imposed			Yes ☐	No ☐
		d) subject to any disciplinary action?			Yes ☐	No ☐
	If YES to any of the answers above, please give full details:					

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Claims Experience

20	Have you ever had a claim for medical malpractice or public liability made against you in the last 10 years?					Yes ☐	No ☐
	If YES please provide full details below						
		Date of Incident	Date of Claim	Amount Claimed	Amount Paid (Indemnity)	Amount Outstanding	Details including nature of allegations and claimant
	1						
	2						
	3						
	4						
	5						

21	Are you aware of any other circumstance/complaint which may give rise to a claim being made against you?	Yes ☐	No ☐
	If YES please provide full details below:		
		Date of Incident	Details of Incident/Complaint:
	1		
	2		
	3		
	4		
	5		
22a	Have all of the above in questions 20 and 21 been notified to your previous underwriter?	Yes ☐	No ☐
22b	Have all of the above been accepted by your previous underwriter?	Yes ☐	No ☐

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.