

## MALPRACTICE, PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY INSURANCE SCHEME

### TO ARRANGE COVER, FOLLOW THESE INSTRUCTIONS:

The policy is written on a "Losses occurring" basis, so as long as the policy is in force when the incident happened, then subject to the policy wording, terms and conditions the claim will be dealt with by your insurers. The policy includes full retroactive cover

1. You must hold a qualification recognised by Holistic Insurance Services.
2. Complete the proposal form and include all documentation
3. **Enclose your cheque for the correct premium**
4. **Enclose copies of your Qualification Certificates**
5. Send all of the above to:

**Holistic Insurance Services 183a Watling Street West, Towcester, Northants NN12 6BX**

### ANNUAL PREMIUMS:

<u>Malpractice, Professional Indemnity, Public &amp; Products Liability*</u>	<u>Limit of indemnity</u>	<u>Premium</u>
Including retroactive cover for previously insured periods Libel and slander/breach of confidentiality Jury Service compensation Legal Helpline** Legal defence costs in respect of claims made under the policy  Legal defence costs in respect of disciplinary hearings Limit of indemnity £500,000 *** Legal/accountancy costs incurred as a result of an Inland Revenue or VAT investigation Limit of indemnity £100,000 ** *	Any one claim and in total in the period of insurance including legal defence costs  Limit £2,500,000	<b>Micropigmentation</b>  £150.00
<b><u>Optional Cover</u></b>  <b>Business Equipment*</b>	Up to £1,000 Up to £2,500	£60.00 £80.00
* Terms and conditions apply. A copy of the policy wording is available upon request ** Provided by First Assist *** This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is made against you.		All premiums include 5% Insurance Premium Tax Administration Fee and use of legal helpline

POLICIES ARE ISSUED ON A 12 MONTH BASIS. REFUNDS ARE NOT GIVEN AFTER THE FIRST 30 DAYS OF COVER DUE TO THE NATURE OF THE INSURANCE. THESE RATES ARE VALID TO 28<sup>TH</sup> FEBRUARY 2009.

**Holistic Insurance Services, 183a Watling Street, Towcester, Northants, NN12 6BX**

**Tel: 0845 222 2236**

**Fax: 0845 222 2237**

[www.holisticinsurance.co.uk](http://www.holisticinsurance.co.uk)

**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.

All other terms and conditions remain unchanged.

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## 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 certificate/diploma**

	Therapy	Dates / Duration of Course	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 other 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>	

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

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

Yes  No

If yes to either of these questions please give details on a separate sheet and you will be contacted.

Do you wish to have Business Equipment Cover

Yes  No

If yes please tick the level of cover required:

£1000	
£2500	

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, 183A Watling Street West, Towcester, Northants. NN12 6BX  
Telephone number 0845 222 2236 Fax Number 0845 222 2237**

## PAYMENT

Payment by cheque to HIS  Switch/Delta  Visa/Mastercard

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

Card number:

Expiry date: \_\_\_/\_\_\_ Issue number (Switch only) \_\_\_\_\_ Valid From Date \_\_\_/\_\_\_

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.

Card security code:

**Holistic Insurance Services is a trading name of GINS Ltd**

**Authorised and Regulated by the Financial Services Authority**

**The insurance is underwritten by Novae Insurance Company Ltd**