



**MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE)
& PUBLIC LIABILITY INSURANCE FOR INDIVIDUALS AND SMALL COMPANIES**

The **Policy** wording, the **Schedule** and any **Endorsements** should be read as if they were one document and if they do not meet **Your** needs please contact **Your** broker or agent.

POLICY NUMBER: 0048905

This is to certify that, in consideration of the payment of the **Premium** specified herein, the **Insurer** is hereby bound to insure in accordance with the terms and conditions contained herein or endorsed hereon.

Please read this Policy carefully

Authorised Signatory

A handwritten signature in black ink, appearing to be "Jon Norman".

Jon Norman, Managing Director, Insync Insurance Solutions Ltd.
For and on behalf of Certain Underwriters at Lloyd's

Date: 15/11/2022



SCHEDULE

Policy Number: 0048905

Name and Address of Insured: Miss Amy Hackett
23 Bluebell Close, Wellingborough, NN8 4GG

Business Name: Amy Hackett T/A By Amy Aesthetics Clinic

Period of Insurance:
From: 19/11/2022
To: 18/11/2023
Both days inclusive, local standard time, at the address of the Insured.

Aggregate Limit of Indemnity: **£1,000,000.00**
Inclusive of **Defence Costs and Legal Expenses.**

Limit of Indemnity for Medical Professional Liability: **£1,000,000.00**
Each and every **Claim** for each and every claimant inclusive of **Defence Costs and Expenses**

Limit of Indemnity for Public Liability: **£1,000,000.00**
Each and every **Claim**, each and every claimant inclusive of **Defence Costs and Expenses**

Extension Sub-Limits	1.3 Loss of Documents	GBP5,000
	1.4 Premises	GBP10,000
	1.5 Legal Costs and other Expenses	GBP10,000
	1.6 Breach of Confidence	GBP100,000
	1.7 Defamation	GBP100,000

The **Limits of Indemnity** for Extensions 1.3 to 1.7 apply to each and every **Claim**, inclusive of **Defence Costs and Expenses**. These limits form part of and are not in addition to the overall **Aggregate Limit of Indemnity**.

**Excess:****£1,000**

The **Excess** shall apply to each and every **Claim** and each and every claimant, inclusive of **Defence Costs and Expenses** and except where a different sum is stated within an Insuring Clause, Extension or **Endorsement**.

Premium:

£751.25

Plus UK Insurance Premium Tax

£90.15

Total Fees

£50.00

Total Premium:

£891.40

Your Profession:

Aesthetic Practitioner (Not Medically Licensed)

Jurisdiction:

The courts of England and Wales

Choice of Law:

The laws of England and Wales

Territorial Limits:

United Kingdom

Retroactive Date:

19/11/2019



Address for the notification of circumstances, Claims and court proceedings, and for submitting cancellation requests:

Insync Insurance Solutions Limited
9 Albany Park
Cabot Lane
Poole
Dorset
BH17 7BX
Tel: 01200 309 516
Email: claims@insyncinsurance.co.uk

Address for the general queries and cancellations:

Insync Insurance Solutions Limited
9 Albany Park
Cabot Lane
Poole
Dorset
BH17 7BX
Tel: 01200 309 516
Email: hello@insyncinsurance.co.uk

Insync Insurance Solutions Limited act as the agent of the Insurers under agreement number B10118F8900MMA201



**MEDICAL PROFESSIONAL LIABILITY (MEDICAL MALPRACTICE)
& PUBLIC LIABILITY INSURANCE FOR INDIVIDUALS AND SMALL COMPANIES**

ENDORSEMENT LIST

Policy Number: 0048905

Policy Period: 19/11/2022 to 18/11/2023

Advanced Dermal Filler Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. **You** use Dermal Filler that carries a CE Mark;
 2. **You** follow all instructions as issued by the manufacturer;
 3. **You** ensure that Patient Information Sheet/s specific to the administration and risks of Dermal Filler are provided to the patient and discussed with them and that a related consent form is signed, dated by **You** and the Individual prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment..
 4. **You** keep a record of the treatment including the brand name of Dermal Filler, batch number, dosage, treatment site, follow up sessions, any adverse reactions, results and any other relevant information.
 5. In the event of suspected tissue necrosis and/or vascular occlusion, treatment is not provided and/or immediately stopped and the individual is referred for urgent medical attention.
 6. **You** use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
 7. **You** use ampoules for single use only and do not store the ampoule once opened.
 8. **You** use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before an injection into the bloodstream.
 9. **You** take photographs of the area to be treated both prior to- and after-treatment. These photographs must be retained by **You** for a minimum of 7 years.
 10. **You** only use Teosyal Redensity II filler for use in tear trough treatments.
- It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –
- be licensed and registered for use in humans,
 - where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
 - in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

Cover hereunder excludes any **Claim/s** arising from and/or relating to Dermal Filler being provided to individuals:

- i. planning on/or becoming pregnant, are pregnant and/or breast feeding; and/or
- ii. under the age of 18

Cover hereunder also excludes any **Claims** arising from and/or relating to “Devil Lips/Octopus Lips” treatments.

Cover hereunder also excludes any **Claims** arising from and/or related to treatments using Radiesse.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Aqualyx® Extension Endorsement

Cover hereunder is extended to the administration of the injectable formulation branded Aqualyx® only.

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

- **You** ensure that Patient Information Sheet/s specific to the Aqualyx® are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and the Individual prior to any testing taking place and an After Care Sheet is provided to the patient after treatment.
- In the event of suspected tissue necrosis and/or vascular occlusion, treatment is not provided and/or immediately stopped and the patient is referred for urgent medical attention.
- **You** use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
- **You** use vials/ampoules for single use only and do not store the vial/ampoule once opened.
- **You** use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before any injection.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- be licensed and registered for use in humans,
- where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and

in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto). Cover hereunder excludes any **Claim/s** arising from and/or relating to any other lipolysis treatments and/or injectable formulations including but not limited to Adipo Forte, Lipostabil®, Flabjab™, Lipomelt, Liposdissolve and/or Fat-Away.

Furthermore, cover hereunder excludes any **Claim/s** arising from and/or relating to similar products and treatments with the active ingredient such as PPC Mesotherapy.

Cover hereunder excludes any **Claim/s** arising from and/or relating to Aqualyx® treatments:

- i. that have not been purchased from a UK pharmacy;
- ii. provided to women planning on becoming pregnant, are pregnant and/or breast feeding;
- iii. provided to individuals under the age of 18;
- iv. provided on or around the eye area;
- v. provided to patients who are obese and/or who fall outside of the “pinch test” result of 1.5cm – 3cm;

vi. provided to individuals with and/or who have the following:

- Lipodystrophy, and/or
- any type of skin disease

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Azzalure Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. Botulinum Toxin is prescribed by a Prescriber to **You** for the administration of Botulinum Toxin to the Individual receiving treatment.
2. a satisfactory in person assessment of the Individual receiving treatment is carried out by **You** and the Prescriber prior to Botulinum Toxin being prescribed.
3. Botulinum Toxin will be prescribed in person by the Prescriber to the Individual receiving treatment (for the avoidance of doubt this does not include Skype/remote prescribing and/or repeat prescriptions);
- **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Botulinum Toxin are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and **Your** patient, prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment.
4. **You** keep a record of the **Prescriber's** name and contact details, registration licence number, and details of the **Prescriber's** professional medical indemnity insurance cover.
5. **You** use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
6. **You** use ampoules for single use only and do not store the ampoule once opened.
7. **You** use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before any injection.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto..

Cover hereunder excludes any **Claim/s** arising from and/or relating to Botulinum Toxin:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals under the age of 18;

Cover hereunder also excludes any **Claim/s** arising from and/or relating to the on-selling or passing on of Botulinum Toxin to other practitioners.

Furthermore, cover hereunder also excludes the use of **Fraxin™**.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Botulinum Toxin Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. Botulinum Toxin is prescribed by a Prescriber to **You** for the administration of Botulinum Toxin to the Individual receiving treatment.
2. a satisfactory in person assessment of the Individual receiving treatment is carried out by **You** and the Prescriber prior to Botulinum Toxin being prescribed.
3. Botulinum Toxin will be prescribed in person by the Prescriber to the Individual receiving treatment (for the avoidance of doubt this does not include Skype/remote prescribing and/or repeat prescriptions);
- **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Botulinum Toxin are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and **Your** patient, prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment.
4. **You** keep a record of the **Prescriber's** name and contact details, registration licence number, and details of the **Prescriber's** professional medical indemnity insurance cover.
5. **You** use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
6. **You** use ampoules for single use only and do not store the ampoule once opened.
7. **You** use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before any injection.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto..

Cover hereunder excludes any **Claim/s** arising from and/or relating to Botulinum Toxin:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals under the age of 18;

Cover hereunder also excludes any **Claim/s** arising from and/or relating to the on-selling or passing on of Botulinum Toxin to other practitioners.

Furthermore, cover hereunder also excludes the use of **Fraxin™**.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Dental Block Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that **You**:

1. have received appropriate training in the administration of the block/pain relief; and

2. hold a valid first aid certificate or is in the presence of a person who holds a valid first aid certificate.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Dermal Filler Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. **You** use Dermal Filler that carries a CE Mark;
2. **You** follow all instructions as issued by the manufacturer;
3. **You** ensure that Patient Information Sheet/s specific to the administration and risks of Dermal Filler are provided to the patient and discussed with them and that a related consent form is signed, dated by **You** and the Individual prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment..
4. **You** keep a record of the treatment including the brand name of Dermal Filler, batch number, dosage, treatment site, follow up sessions, any adverse reactions, results and any other relevant information.
5. In the event of suspected tissue necrosis and/or vascular occlusion, treatment is not provided and/or immediately stopped and the individual is referred for urgent medical attention.
6. **You** use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
7. **You** use ampoules for single use only and do not store the ampoule once opened.
8. **You** use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before an injection into the bloodstream.
9. **You** take photographs of the area to be treated both prior to- and after-treatment. These photographs must be retained by **You** for a minimum of 7 years.
10. **You** only use Teosyal Redensity II filler for use in tear trough treatments.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- be licensed and registered for use in humans,
- where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

Cover hereunder excludes any **Claim/s** arising from and/or relating to Dermal Filler being provided to individuals:

- i. planning on/or becoming pregnant, are pregnant and/or breast feeding; and/or
- ii. under the age of 18

Cover hereunder also excludes any **Claims** arising from and/or relating to “Devil Lips/Octopus Lips” treatments.

Cover hereunder also excludes any **Claims** arising from and/or related to treatments using Radiesse.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Dermaplaning Endorsement

It is a **Condition Precedent** to the right to be indemnified under this **Policy** that **You**:

1. must ensure that a Patient Information Sheet specific to the administration and risks of Dermaplaning are provided to the patient and discussed with them and that a related consent form is signed, dated by **You** and **Your** patient, prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment.
2. It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –
 - i. be licensed and registered for use in humans,
 - ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
 - iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

Cover hereunder excludes any **Claims** arising from and/or relating to any individual that:

- i. has or may have inflamed acne;
- ii. has or may have hypersensitive skin e.g., sunburn;
- iii. has or may have an allergy to nickel or stainless steel;
- iv. has or may have extremely thin skin;
- v. has or may have an infectious skin condition/disease;
- vi. has or may have a skin condition such as eczema and/or psoriasis on the face;
- vii. has had recent injectables and/or acidic peels;
- viii. has recent scarring (under 3 months);
- ix. has cold sores, fresh bruising, cuts, abrasions, autoimmune disease;
- x. is taking acne (Roaccutane), blood thinners or steroid medication;
- xi. is an insulin-dependent diabetic.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

General Beauty Treatments Endorsement

Cover hereunder extends to the following General Beauty Treatments:

- i. aromatherapy;
- ii. body massage including Indian head, Swedish, hot stone and aromatherapy massage;
- iii. body wrapping;
- iv. cupping;
- v. electrical epilation and electrolysis;
- vi. electrical facial treatments including high frequency, galvanic, micro-current treatment, micro-dermabrasion, hydra-dermabrasion and vacuum suction;
- vii. eyelash and eyebrow tinting, shaping and perming;
- viii. facial massage and skincare;
- ix. facial peels with a glycolic acid level of less than 40%;
- x. false eyelash application;
- xi. Hopi-ear candles;
- xii. make-up and spray-on tan application;
- xiii. manicure and pedicure;
- xiv. nail extensions and treatments;
- xv. threading, waxing and sugaring.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Hyaluronidase / Hyalase Treatment Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. Hyaluronidase / Hyalase is prescribed by a Prescriber to **You** for the administration of Hyaluronidase / Hyalase to the Individual receiving treatment;
2. Hyaluronidase / Hyalase will be prescribed in person by the Prescriber to the Individual receiving treatment (for the avoidance of doubt this does not include Skype/remote prescribing and/or repeat prescriptions);
3. An Intradermal Test (IDT) is performed, except when emergency treatment is required for, including but not limited to, vascular occlusion and/or necrosis, where a delay could result in further harm to the patient. Furthermore, a satisfactory in person assessment of the Individual receiving treatment is carried out by **You** and the Prescriber prior to being Hyaluronidase / Hyalase prescribed;
4. If emergency treatment is provided, **You** should also seek emergency medical attention.
5. When an IDT is performed, **You** apply 20 units of the dissolving product in the forearm and wait for 30 minutes prior to providing Hyaluronidase/Hyalase Treatment. The treatment is not to proceed if the results of the patch test are not satisfactory. If there is an adverse reaction, then **We** will not be liable for any treatment subsequently carried out.
6. Patient Information Sheet/s specific to the treatment of dissolving dermal fillers are provided to the patient, a related consent form is signed and dated by **You** and **Your** patient prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment.
7. Once treatment is carried out, **You** observe the patient for 60 minutes to ensure no reaction occurs. If a reaction does occur, the patient should be referred immediately for urgent medical attention.
8. **You** take photographs of the area to be treated both prior to- and after-treatment. These photographs must be retained by **You** for a minimum of 7 years.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

Cover hereunder excludes any **Claim/s** arising from and/or relating to Hyaluronidase/Hyalase treatments:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided on patients with an allergy to bee venom;
- iii. provided to individuals under the age of 18;

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Intramuscular/Intravenous (IM/IV) Vitamin Injections Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that **You**:

1. use the disposable needle only once; any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
2. use ampoules for single use only and do not store the ampoule once opened.
3. use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before an injection into the bloodstream.
4. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of IV and/or IM Vitamin Injections are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and **Your** patient, prior to any treatment taking place and an After Care Sheet is provided to the patient after treatment.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

Cover hereunder excludes any **Claim/s** arising from and/or relating to IV vitamin injections unless the product has been prescribed by a registered prescriber.

Notwithstanding the above, cover hereunder extends to include Methylcobalamin without prescription.

Cover hereunder excludes any **Claim/s** arising from and/or relating to IV vitamin injections:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals with and/or who have the following:
 - Leber's disease;

- An allergy to cyanocobalamin or cobalt;
- A cold or allergy symptoms that affect your nose, such as sinus congestion or sneezing;
- Kidney or liver disease;
- Polycythemia;
- Hypokalemia;
- Iron or folic acid deficiency;
- Any type of infection;
- 6GDP deficiency.
- Medication and/or treatment that affects your bone marrow;
- have had an allergic reaction to hydroxocobalamin or any other medicines in the past;
- have been told you have low levels of potassium; and/or
- have an irregular or fast heartbeat.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Skin Booster Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that **You**:

1. follow all instructions as issued by the manufacturer;
2. ensure that Patient Information Sheet/s specific to the administration and risks are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and the Individual prior to any treatment taking place and an After Care Sheet has been provided to the patient after treatment.
3. keep a record of the treatment including batch number, dosage, treatment site(s), follow up sessions, any adverse reactions, results and any other relevant information.
4. do not provide treatment and/or treatment is immediately stopped in the event of suspected tissue necrosis and/or vascular occlusion. **You** must ensure the individual is referred for urgent medical attention.
5. administer this treatment by injection only.
6. use the disposable needle only once, any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
7. use ampoules for single use only and do not store the ampoule once opened.
8. use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before an injection into the bloodstream.
9. take photographs of the area to be treated both prior to- and after-treatment. These photographs must be retained by **You** for a minimum of 7 years.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto).

Cover hereunder excludes any **Claim/s** arising from and/or relating to treatment:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals under the age of 18

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Lidocaine / Lignocaine Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that **You**:

1. have received appropriate training in the administration of the block/pain relief; and
2. hold a valid first aid certificate or is in the presence of a person who holds a valid first aid certificate.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Micropigmentation / Microblading / Semi-Permanent Make-Up (including Body Art and Lip Blush) Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that:

1. **You** must perform a sensitivity patch test on the client using the exact substance that will be applied during the treatment. This must be carried out at least 24 hours before the proposed treatment and the treatment will not proceed if the results of the test are not satisfactory. If there is an adverse reaction then **We** will not be liable for any treatment subsequently carried out.
2. a Patient Information Sheet must be provided to the patient, and a consent form must be completed and signed by the patient who must be 18 years of age or older, including a disclosure by them of any medical condition and/or where they are taking any prescribed medication. Where a medical condition is disclosed or prescribed medication is taken, the consent form must include a declaration by the client that they understand how their condition or medication may affect the treatment, including but not limited to, increased bruising, bleeding and longer healing times than normal. An After Care Sheet must also be provided to the patient after treatment.
3. **You** will use a new sterile needle for each new treatment which will be disposed of immediately afterwards into a sharps container.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- be licensed and registered for use in humans,
- where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto)

4. Further to clause (2) above, **You** will not provide any treatment for clients who are pregnant or nursing, nor for any persons who:
- are epileptic and who have had seizures in the past 2 years,
 - have Hepatitis C,
 - are Hemophiliac, or taking Warfarin,
 - are 5 weeks or less pre or post Radiotherapy/Chemotherapy,
 - are using or have used Antabuse or Roaccutane within 6 months of the treatment date,
 - have visible evidence of a cold sore, blister or skin disorder in or close to the area to be treated;
 - have a 6GDP deficiency.
5. **You** will not use laser for correction procedures.
6. **You** will not use, apply or remove permanent inks or body tattoos, including paramedical tattoos.
7. **You** will not provide advanced procedures such as scalp or medical micropigmentation.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Skin Booster Endorsement

It is a **Condition Precedent** to **Your** right to be indemnified under this **Policy** that **You**:

1. follow all instructions as issued by the manufacturer;
2. ensure that Patient Information Sheet/s specific to the administration and risks are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and the Individual prior to any treatment taking place and an After Care Sheet has been provided to the patient after treatment.
3. keep a record of the treatment including batch number, dosage, treatment site(s), follow up sessions, any adverse reactions, results and any other relevant information.
4. do not provide treatment and/or treatment is immediately stopped in the event of suspected tissue necrosis and/or vascular occlusion. **You** must ensure the individual is referred for urgent medical attention.
5. administer this treatment by injection only.
6. use the disposable needle only once, any leftover product is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container.
7. use ampoules for single use only and do not store the ampoule once opened.
8. use **Your** best endeavours to prevent the injection of air into a blood vessel which may cause an air embolism by removing air from the hypodermic syringe by pointing upward, tapping it, and expelling a small amount of liquid before an injection into the bloodstream.
9. take photographs of the area to be treated both prior to- and after-treatment. These photographs must be retained by **You** for a minimum of 7 years.

It is also a condition precedent to the right to be indemnified under this **Policy** that any products and medicines must –

- i. be licensed and registered for use in humans,
- ii. where applicable be CE marked and/or comply with the European Cosmetics Regulation 1223/2009, the General Product Safety Regulations 2005 and/or any amendments, re-enactments or replacements thereto, and
- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto).

Cover hereunder excludes any **Claim/s** arising from and/or relating to treatment:

- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals under the age of 18

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Skin Booster Endorsement

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2. ensure that Patient Information Sheet/s specific to the administration and risks are provided to the patient and discussed with them, that a related consent form is signed and dated by **You** and the Individual prior to any treatment taking place and an After Care Sheet has been provided to the patient after treatment.
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- iii. in respect of medicine only, be administered to a patient in accordance with the prescription of an appropriate practitioner (as defined in the Medicines Act 1968 and/or any amendments, re-enactments or replacements thereto).

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- i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
- ii. provided to individuals under the age of 18

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Training/Teaching Endorsement

It is a Condition Precedent to the right to be indemnified under the **Policy** that **You** -

- Have appropriate training/teaching qualification/s;

- Have at least 18 months experience in each subject matter for training;
- ensure that attendees are made aware if courses are not accredited.

All other terms, conditions and limitations contained in **Your Policy** remain unaltered.