

**Attaching to and forming part of Policy No:** W003792-19A/MTA02

**Named Insured:** B&C COSMETICS LIMITED T/A Vivre Aesthetics & Laser

**Endorsement No:** 002

**Period of Insurance:** 31/05/2019 – 30/05/2020

Both days inclusive local standard time at the address of the named insured stated in the Schedule.

## CONTRACT CHANGES

Amendment to Contract as follows:

**Endorsement Effective Date:** 27/11/2019

It is hereby noted and agreed therapists are covered to perform treatments in respect of Bands A,B,C,D

**Additional Premium Due:** GBP 119.55 plus 12.0% Insurance Premium Tax = GBP 133.90

**All other terms and conditions remain unaltered.**

## Treatment and Deductible Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Item 5 of the Schedule is amended with the addition of the following table which sets out the deductible applicable to claims arising out of or related to the specified treatments as listed below:

<b>Band C – Policy Excess GBP 1,250 Each and Every Claim</b>	<b>Included</b>
Laser (Ablative) /IPL skin types 1-6	Yes
Laser Hair Removal	Yes
Radio Frequency for Vaginal Treatments	Yes
Training Other professional in Band C treatments with 2 years full time experience and hold a Certificate of Education.	No
Aqualyx via mesotherapy	Yes
Laser Vein Removal	Yes

<b>Band D – Policy Excess GBP 1,000 Each and Every Claim</b>	<b>Included</b>
Botulinum Toxin	Yes
Dermal Filler	Yes

Hyaluronidase/Hyalase	No
IV Infusion therapy and Vitamin B12 Booster injections	Yes
Training other professionals in Band D treatments with 2 years full time experience	No

<b>Band A – Policy Excess GBP 0 Each and Every Claim</b>	<b>Included</b>
Allergy Testing (Patch and Skin Prick Testing)	No
Application of branded third party skin care products	No
BB Glow	No
Carboxytherapy	No
Chemical Peels	Yes
Coolsulpt/Shockwaves	Yes
Cryolipolysis	Yes
Cryopen/Cryotherapy	Yes
Dental Blocks	No
Derma Pen	No
Derma Roller	No
Dermaplaning	Yes
Electrolysis	No
General Beauty Treatments	No
Hair Growth/Rejuvenation using low-level light therapy	No
HIFU (excluding Genitalia)	Yes
Hii Pen, Hya pen and Hylauron Pen	No
LED Light Therapy	No
Local Anaesthetic applications for Aesthetic Treatments	No
Medical Needling/Collagen Induction Therapy including the application of topical aesthetic cream	No
Mesotherapy all treatments	Yes
Microdermabrasion and Hydradermabrasion	No
Non –invasive laser Body Contouring procedures	Yes
Phlebotomy	No
Platelet Rich Plasma (PRP) for Facial/Neck rejuvenation	No
Radio Frequency Treatments (excluding Genitalia)	Yes
Thread Vein Removal	No
Training Other professional in Band A treatments with 2 years full time experience and hold a Certificate of Education	No
Ultrasound Rejuvenation (excluding genitalia)	Yes

Breast enhancement cupping	Yes
Hifu for body, face & vaginal	Yes

<b>Band B – Policy Excess GBP 500 Each and Every Claim</b>	<b>Included</b>
Fractora and Fractional Skin Resurfacing	No
Laser (Non Ablative)	No
Micro-needling	Yes
Micropigmentation/Microblading and SPMU including the use of topical adrenaline during the application of this treatment.	No
Microsclerotherapy/Sclerotherapy	No
Needleshaping	No
Non-cancerous Moles/skin tags/Cysts/wart/ milia, Campbell de Morgan spots, Verrucas, Toe nail fungus, Superficial Vascular Lesions, Keloid scars, Lentigo, Seborrhic/Actinic Keratoses, Dermatofibromas and Lipomas removal	No
Non-surgical Blepharoplasty using Plasma Technology	No
Plasma Pen	No
Plasma Shower	No
PlasmaBlast (Fibroblast)	No
Scalp Miropigmentation/Tricopigmentation including the use of topical adrenaline during the application of this treatment	No
Tattoo / Piercing	No
Tattoo Lightening	No
Tattoo Removal	No
Thread lifting - PDO/Silhouette Soft (Salon/Clinic/Practitioner must be CQC registered)	No
Training Other professional in Band B treatments with 2 years full time experience and hold a Certificate of Education.	No

## Botulinum Toxin Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

### **Important Condition applicable to administering of Botulinum Toxin**

This is an **Important Condition** and cover under this Policy for the administering of Botulinum Toxin injections will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the **Policy Period** when the **Named Insured** is administering Botulinum Toxin injections that the following conditions are complied with:

- a) Botulinum Toxin is prescribed by a **Prescriber** and the **Prescriber** delegates the administration of the Botulinum Toxin to the **Insured**;
- b) the Botulinum Toxin will be prescribed by the **Prescriber** to the **Patient** face to face (no remote or no repeat prescribing except for repeat prescribing occurring within six months of the previous face to face assessment and provided there are no changes to the Patient's medical history or treatment plan);
- c) a face to face assessment and consent of the **Patient** is undertaken by the **Prescriber**, this assessment and consent is to be recorded in writing and kept as part of the **Patient's** records;
- d) the **Insured** follows any specific instructions that are issued by the **Prescriber**;
- e) the **Insured** keeps a record of the **Prescriber's** name, registration licence number, contact details and details of the **Prescriber's** professional medical indemnity insurance cover; and
- f) full records of the above steps are retained in line with this **Policy** requirement and made available to Underwriters if required.

For the purpose of this endorsement the following definition applies:

1. **Prescriber** means a dentist, doctor, independent nurse prescriber or supplementary/pharmacist prescriber that is currently qualified and registered with the General Medical Council, the Irish Medical Council, General Dental Council, the Dental Council or Ireland, the Nursing and Midwifery Council and/or the General Pharmaceutical Council.

### **Botulinum Toxin Exclusion**

This **Insurance** does not apply to **Damages** or **Claims Expenses** incurred with respect to any **Claim** or any **Inquest Costs** arising out of or resulting from the on-selling or passing on of Botulinum Toxin to other practitioners.

All other terms and conditions of this Policy remain unchanged.

## DermaL Filler Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

### **Important Condition applicable to administering of Dermal Filler**

This is an **Important Condition** and cover under this Policy for administering Dermal Filler treatments for aesthetic purposes only will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the Policy Period when the Named Insured is administering Dermal Filler treatments for aesthetic purposes only that the following conditions are complied with:

- a) the Dermal Filler being used in the treatment complies with the relevant health, safety and environmental protection legislation including but not limited to carrying a CE Mark;
- b) the Insured follows any specific instructions that are issued by the manufacturer;
- c) the Insured does not alter the Dermal filler being used in the treatment;
- d) the Insured only administers the Dermal filler in the manufacturer's recommended target body areas and the Insured must have the appropriate certification and training to administer the Dermal Filler treatment to those body areas;
- e) the Insured keeps a record of the treatment including name of Dermal Filler, dosage; treatment site; follow up sessions, any adverse reactions and any results;
- f) full records of the above steps are retained in line with this **Policy** requirement and made available to Underwriters if required.

### **DermaL Filler Exclusion**

This **Insurance** does not apply to **Damages** or **Claims Expenses** incurred with respect to any **Claim** or any **Inquest Costs** arising out of or resulting from:

- 1. the administering or use of Dermal Filler for non aesthetic purposes;
- 2. the administering or use of Dermal Filler during or as part of or for the purpose of "botox parties", treatments on celebrities or well-known persons;
- 3. the administering or use of Dermal Filler in unlicensed premises;
- 4. the on-selling or passing on of Dermal Filler to other practitioners.

All other terms and conditions of this Policy remain unchanged.

## Chemical Peel Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

### **Important Condition applicable to administering of Chemical Peels**

This is an **Important Condition** and cover under this Policy for the administering of Chemical Peels will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the Policy Period when the **Insured** is administering Chemical Peels only that the following conditions are complied with:

- a) If the chemical peel is being administered by an unlicensed practitioner the strength of trichloroacetic acid (TCA) used in the chemical peel whether alone or in combination with other chemicals or solutions does not exceed 35%.
- b) If the strength of the trichloroacetic acid (TCA) to be used in the chemical peel whether alone or in combination with other chemicals or solutions exceeds 35% that the chemical peel is only performed by a licensed practitioner.

All other terms and conditions of this Policy remain unchanged.

## Data protection short form notice

### **Your personal information notice**

#### ***Who we are***

We are the insurers identified in the contract of insurance and/or in the certificate of insurance.

#### ***The basics***

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### **Other people's details you provide to us**

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

#### **Want more details?**

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

#### **Contacting us and your rights**

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us on [DPO@beazley.com](mailto:DPO@beazley.com) or the agent or broker that arranged this insurance.