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: 0059292

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

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

Date: 22/03/2023

SCHEDULE

Policy Number:	0059292
Name and Address of Insured:	Ms Wioleta Jurajda Station Road, Nantwich, CW5 5SP
Business Name:	Wioleta Jurajda T/A Skin Aesthetics By Wiola Limited
Period of Insurance:	**From:** 24/03/2023 **To:** 23/03/2024 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:	£971.25
Plus UK Insurance Premium Tax	£116.55
Total Fees	£50.00
Total Premium:	£1137.80
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:	24/03/2021

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: 0059292

Policy Period: 24/03/2023 to 23/03/2024

Advanced 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.

Dermal Filler/Hyaluronidase/Hyalase Endorsement

Cover hereunder is extended to the use of Hyapen/HyaluronPen/Hylaluronic Pen.

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** 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;

3. 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; and

4. In respect of tear trough treatments, **You** use Teosyal Rednesity II filler only.

Cover hereunder excludes any **Claim/**s and/or **Defence Costs and Expenses** arising from and/or relating to: -

a) "Devil Lips and/or Octopus Lips";
b) Breast Filler;
c) Buttock and/or Hip Aesthetic Augmentation; and/or
d) any treatments using Radiesse and/or Sculptra.

In the event of an emergency that requires the administration of Hyaluronidase/Hyalase, it is a Condition Precedent to **Your** right to be indemnified under **Your Policy** that:

i. Hyaluronidase/Hyalase is prescribed by a Prescriber to **You** for the administration of Hyaluronidase/Hyalase to the individual receiving treatment;

ii. Hyaluronidase/Hyalase will be prescribed in person by the Prescriber to the Individual receiving treatment (for the avoidance of doubt this does not include repeat prescriptions and/or Skype/remote prescribing);

iii. a satisfactory in person assessment of the individual receiving treatment is carried out by **You** prior to Hyaluronidase/Hyalase being administered;

iv. **You** perform an intradermal patch test on the patient, except when the indication is for vascular compromise where a delay could result in further harm to the patient. The treatment is not to proceed if the results of the patch test are not satisfactory; and

v. once the 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.

Cover hereunder excludes any **Claim**/s and/or **Defence Costs and Expenses** arising from and/or relating to Dermal Filler/Hyaluronidase/Hyalase being administered to individuals:

i. planning on/or becoming pregnant, are pregnant and/or breast feeding; and/or
ii. with an allergy to bee and/or wasp venom;

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.

Brow Lamination 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 Brow Lamination 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.

2. **You** take photographs of the area to be treated both prior to- and after-treatment. These photographs.

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

i. has or may have inflamed acne and/or using prescription acne treatments;

ii. has or may have hypersensitive skin e.g., sunburn;

iii. has or may have an allergy and/or had a past reactions to cosmetics, dyes, and semi-permanent tattooing such as microblading or Semi-Permanent Make Up;

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 and/or used retinol;

viii. has recent scarring (under 3 months);

ix. has cold sores, fresh bruising, cuts, abrasions, autoimmune disease;

x. 6GDP deficiency.

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

CO2 Laser Endorsement

It is hereby noted and agreed that the **Excess** as stated in the **Schedule** is amended to include:

- An **Excess** of GBP1,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 1-4.
- An **Excess** of GBP2,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 5 and 6.

Cover hereunder is extended to include Carbon Facials.

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

1. have at least 6 month's experience in hair removal with the use of laser machinery.

2. must perform a sensitivity patch test on the client 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;

3. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL), CO2 Laser, Light Heat Energy (LHE), Super Hair Removal (SHR), Phototherapy, Radio Frequency and/or Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT) 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 Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL), CO2 Laser, Light Heat Energy (LHE), Super Hair Removal (SHR), Phototherapy, Radio Frequency and/or Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT):

i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;

ii. provided to any individuals that have or may have:

- epilepsy;
- porphyria;
- diabetes;
- skin tumours;
- skin cancer;
- hypopigmentation;
- rosacea.

iii. provided on or in the immediate area of psoriasis, dark moles, tattoos, eczema, dermatitis or any area of the body that has undergone aromatherapy and/or self-tanning product in the previous 10 days;

iv. provided to individuals that have active melanin present in the skin, sun tanned and/or sun burnt skin or have used a sunbed in the previous 4 weeks to treatment;

v. where the individual has had laser or skin peeling treatment in the area to be treated within 14 days of treatment;

vi. provided to an individual that is taking photosensitive medication;

vii. used for tattoo removal.

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

Chemical Peel Endorsement

Excluding any **Claims** arising from and/or relating to Phenol Lip and Eye.

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.

Dermapen Endorsement

It is a **Condition Precedent** to the right to be indemnified under the **Policy** that when conducting microneedling, the needle size is no greater than 1.5mm in respect of the face and scalp, or 3mm in respect of the body.

You must ensure that Patient Information Sheet/s specific to the administration and risks of Microneedling/Dermapen/Derma Roller/Collagen Induction Therapy/Needle Shaping 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 **Claim**/s related to and/or arising out of BB Glow, MesoBB and/or Semi-Permanent Foundation.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.

Electrolysis 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.

Eyelash Extensions & LVL Lashes Endorsement

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

1. a patch test is performed at least 24hrs before applying the following products: any eyelash glue, lifting balm, volumizing fix and/or perming solution for the first time. Should there be a reaction to the patch test **We** will not be liable for any Claim which may arise from using the same products subsequent to such test.

2. the same brand of products that is used for the patch test is used for any subsequent eyelash extension or LVL treatment.

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

The Insurers shall not be liable for any **Claim** by any individual who has not had a patch test.

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.

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.

Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL), CO2 Laser, Light Heat Energy (LHE), Super Hair Removal (SHR), Phototherapy, Radio Frequency and/or Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT) Endorsement

It is hereby noted and agreed that the **Excess** as stated in the **Schedule** is amended to include:

- An **Excess** of GBP1,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 1-4.
- An **Excess** of GBP2,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 5 and 6.

Cover hereunder is extended to include Carbon Facials.

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

1. have at least 6 month's experience in hair removal with the use of laser machinery.

2. must perform a sensitivity patch test on the client 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;

3. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL), CO2 Laser, Light Heat Energy (LHE), Super Hair Removal (SHR), Phototherapy, Radio Frequency and/or Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT) 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 Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL), CO2 Laser, Light Heat Energy (LHE), Super Hair Removal (SHR), Phototherapy, Radio Frequency and/or Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT):

i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;

ii. provided to any individuals that have or may have:

- epilepsy;
- porphyria;
- diabetes;
- skin tumours;
- skin cancer;
- hypopigmentation;
- rosacea.

iii. provided on or in the immediate area of psoriasis, dark moles, tattoos, eczema, dermatitis or any area of the body that has undergone aromatherapy and/or self-tanning product in the previous 10 days;

iv. provided to individuals that have active melanin present in the skin, sun tanned and/or sun burnt skin or have used a sunbed in the previous 4 weeks to treatment;

v. where the individual has had laser or skin peeling treatment in the area to be treated within 14 days of treatment;

vi. provided to an individual that is taking photosensitive medication;

vii. used for tattoo removal.

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

Mesotherapy Endorsement

Cover hereunder extends to the following facial mesotherapy techniques: -

- Epidermal Mesotherapy;
- Dry and Wet Mesotherapy;
- Papule technique 1mm to 2mm with bevel upwards;
- Nappage 2mm to 5mm angle of 30° to 60°: -

Cover further extends to include Nappage technique up to 2cm for body angle of 30° to 60°:

Cover excludes any **Claim**/s arising from and/or relating to the following facial mesotherapy techniques: -

i. Point by Point (deep injections 4mm to 12mm)
ii. Mesoperfusion
iii. Systematised punctual Mesotherapy

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

1. use ampoules for single use only and do not store the ampoule once opened,

2. 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.

3. 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** also appropriately dispose of other one-use equipment.

4. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Mesotherapy 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 mesotherapy:

- provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;

- Cover hereunder excludes **Claim**/s related to and/or arising out of BB Glow, MesoBB and/or Semi-Permanent Foundation.

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

Microdermabrasion 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.

Microneedling Endorsement

It is a **Condition Precedent** to the right to be indemnified under the **Policy** that when conducting microneedling, the needle size is no greater than 1.5mm in respect of the face and scalp, or 3mm in respect of the body.

You must ensure that Patient Information Sheet/s specific to the administration and risks of Microneedling/Dermapen/Derma Roller/Collagen Induction Therapy/Needle Shaping 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 **Claim**/s related to and/or arising out of BB Glow, MesoBB and/or Semi-Permanent Foundation.All other terms, conditions and limitations contained in **Your Policy** remain unaltered.

Platelet Rich Plasma (PRP) Endorsement

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

1. must have obtained a qualification in phlebotomy to undertake any type of PRP treatment.

2. must ensure that Patient Information Sheet/s specific to the administration and risks of PRP treatments 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 must be provided to the patient after treatment.

3. use the disposable needle only once; any leftover product, including plasma bio-filler gel and/or blood, is also appropriately disposed of and **You** dispose of the needle in a sharps bin or equivalent puncture proof disposal container. Sterilising kits are opened onsite for each individual patient and PRP centrifuge machine is cleaned after each treatment.

4. 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.

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

5.

Cover hereunder extends to include The O Shot and The P Shot.

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

i. carried out for medical purposes;

ii. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;

iii. provided to individuals under the age of 18;

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

- Critical thrombocytopenia (low platelet count)
- Hypofibrinogenaemia
- Hemodynamic instability (collapse)
- Sepsis (infection)
- Acute and chronic infections
- Chronic liver disease
- Anti-coagulation therapy (warfarin, dabigatran, heparin).
- Auto-immune disease;
- Hepatitis B and/or C;
- HIV;
- taking anti-coagulation medication; and/or
- any history of keloid scarring

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

Polydioxanone (PDO) Threads/Nordyx Threads Endorsement

It is hereby noted and agreed that the **Excess** as stated in the **Schedule** is amended to include:

- An **Excess** of GBP2,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of these activities.

Strictly subject to the following terms, conditions and limitations, cover hereunder extends to include the administration of mono, cog and screw PDO/Nordyx Threads only:

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

1. require that all individuals who are considering this treatment undertake a comprehensive health check and consultation with their doctor, prior to embarking on this procedure.

2. ensure that PDO/Nordyx Thread Lifts are carried out under local anaesthesia only.

3. must only use the disposable needle once and **You** must then dispose of the needle in a sharps bin or equivalent puncture proof disposal container.

4. must not re-use threads or re-store them once opened.

5. must ensure that Patient Information Sheet/s specific to the administration and risks of PDO/Nordyx Threads 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 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 **Claims** arising from and/or relating to general anaesthesia or intravenous sedation, Moderate Sedation/Analgesia ("Conscious Sedation") and/or Deep Sedation/Analgesia.

Cover hereunder excludes any **Claim**/s arising from and/or relating to PDO/Nordyx Thread treatments:

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;

iii. provided to individuals who have any of the following:

- Auto-immune disease;
- Hepatitis B and/or C;
- HIV;
- taking anti-coagulation medication; and/or
- any history of keloid scarring

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

<u>Skin Booster Endorsement</u>

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.

‘Profound’ by Love Cosmedical only Endorsement

Cover hereunder extends to the use of the superficial injectable ‘Profound’ by Love Cosmedical only.

You must ensure that Patient Information Sheet/s specific to the administration and risks of ‘Profound’ by Love Cosmedical 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 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 Profound Radio Frequency Skin Tightening performed via a handheld device emitting radiofrequency via microneedling, and/or PRF (Plasma Rich Fibrin).

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

Radio Frequency Treatments (excluding Genitalia) Endorsement

It is hereby noted and agreed that the **Excess** as stated in the **Schedule** is amended to include:

- An **Excess** of GBP1,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 1-4.

- An **Excess** of GBP2,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable in respect of Skin Types 5 and 6.

Cover hereunder is extended to include Carbon Facials.

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

1. must perform a sensitivity patch test on the client 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. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of Radio Frequency 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 Radio Frequency:

i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;

ii. provided to any individuals that have or may have:

- epilepsy;
- porphyria;
- diabetes;
- skin tumours;
- skin cancer;
- hypopigmentation;
- rosacea.

iii. provided on or in the immediate area of psoriasis, dark moles, tattoos, eczema, dermatitis or any area of the body that has undergone aromatherapy and/or self-tanning product in the previous 10 days;

iv. provided to individuals that have active melanin present in the skin, sun tanned and/or sun burnt skin or have used a sunbed in the previous 4 weeks to treatment;

v. where the individual has had laser or skin peeling treatment in the area to be treated within 14 days of treatment;

vi. provided to an individual that is taking photosensitive medication;

vii. used for tattoo removal.

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

<u>Skin Booster Endorsement</u>

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.

<u>Tinting and Henna</u>

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

1. a patch test is performed at least 24hrs before applying any eyelash or eyebrow tint for the first time. Should there be a reaction to the patch test We will not be liable for any **Claim** which may arise from using the same eyelash or eyebrow tint subsequent to such test.

2. the same brand of tint and/or henna that is used for the patch test is used for any subsequent eyelash or eyebrow tinting and/or henna 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

The Insurers shall not be liable for any **Claim** by any individual who has not had a patch test.

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

Ultrasonic Cavitation Endorsement

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

1. must perform a sensitivity patch test on the client 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. **You** must ensure that Patient Information Sheet/s specific to the administration and risks of High Intensity Frequency Ultrasound ("HIFU")/Ultrasonic Cavitation 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 **Claims** arising from and/or relating to:

i. Any client that has or may have heart disease, a pacemaker, metal prosthetics, epilepsy, porphyria, diabetes, skin tumours, skin cancer, hypopigmentation, or may be pregnant,

ii. Any treatment on or in the immediate area of psoriasis, dark moles, tattoos, eczema, dermatitis or any area of the body that has undergone aromatherapy and/or self-tanning product in the previous 10 days,

iii. Where the client has active melanin present in the skin, has sun tanned and/or sun burnt skin or has used a sunbed in the previous 4 weeks to treatment,

iv. Where the client has had laser or skin peeling treatment in the area to be treated within 14 days of treatment,

v. Where the client is taking photosensitive medication.

vi. Patients under 18.

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