

Item 1:	Name Insured: Azra Aesthetics Ltd 52 Turnstone Gardens Southampton Hampshire SO16 8EW Policy Number: AWAC-MM-19-02-044
Item 2 :	Policy Period: From:06-Feb-2019 to 06-Feb-2020 Both dates 12:01am at the address of the Named Insured
Item 3:	Policy Wording: Allied World Healthcare Liability Package Policy V1 as attached
Item 4:	Insured's business: Aesthetic Practitioner. Refer to attached policy endorsement(s) for Treatment(s) provided under this policy.
Item 5:	Section Limits of Liability: Healthcare Profesisonal Liability £5,000,000 Each and every claim and in aggregate (including defence costs) Professional Liability £5,000,000 Each and every claim and in aggregate (including defence costs)
Item 6:	Extensions of Cover (included within, and not in addition to, the Limit of Indemnity and subject to policy terms and conditions) Manufacture of medical products - £50,000 Each Claim Defence Costs in respect of abuse - £50,000 Each Claim Court attendance costs - £100.00 per day for employees and £150.00 per day for directors Inquest and Investigation costs - £50,000 Each Claim Fraud and Dishonesty - £50,000 Each Claim Manslaughter Defence Costs - £50,000 Each Claim



Item 7:	Additional Cover, Benefits and Sub-Limits of Liability: Lost Documents - £50,000 Each Claim
Item 8:	Policy Aggregate Limit £5,000,000 Each and every claim and in aggregate (including defence costs)
Item 9:	Excesses Applicable: As detailed in attached policy endorsement(s).
Item 10:	Additional Cover excesses Lost Documents - £0
Item 11:	Retroactive Date: 06-Feb-2019
Item 12:	Other Retroactive Dates
Item 13:	Coverage Territory United Kingdom, Channel Islands and Isle of Man



Item 14:	<p>Claims Jurisdiction</p> <p>United Kingdom, Channel Islands and Isle of Man</p>
Item 15:	<p>Premium</p> <p>£ 400.00 Plus 12.0% UK IPT</p>
Item 16:	<p>Notices to the Insurer</p> <p>Address for Notification of Claims:</p> <p>Red Insure LTD Park House Grosvenor Park Road Chester CH1 1QQ</p> <p>All other matters:</p> <p>Allied World Assurance Company (Europe) dac, 19th Floor 20 Fenchurch Street London EC3M 3BY</p>
Item 17:	<p>Extended Reporting Period</p> <p>5 (five) years in respect of death, maternity, PTD (Permanent Total Disability) and qualifying retirement</p>
Item 18:	<p>Applicable Endorsements:</p> <p>Specified Aesthetics Conditions as attached</p> <p>Laser IPL condition as attached</p> <p>Personal Accident as attached</p> <p>Specified All Risks as attached</p>



This insurance is based on the information supplied on :

Date of proposal: Thursday, 07 February 2019

Insurer

100% Syndicate 2232 at Lloyd's per Binding Authority Agreement Number: B1256R028582018

Important Information: This Insurance is effected with Allied World through Cosmetic Insure, a trading style of Red Insure Ltd.

Park House, Grosvenor Park Road, Chester, Cheshire CH1 1QQ in accordance with the
Delegated Authority Agreement granted under the Unique Reference No ***** to
Red Insure Ltd trading as Cosmetic Insure.

This schedule has been signed and dated:

Date schedule produced *Thursday, 07 February 2019*

Authorised signatory for Cosmetic Insure on line signature: _____



Insured:	Azra Aesthetics Ltd		
Attaching to and forming part of Policy Number:	AWAC-MM-19-02-044		
With Effect From:	06/02/2019	to	06/02/2020
	(Both dates inclusive of GMT)		

Practitioner:	ASALET YENER
Title:	DOCTOR
Type Of Cover:	REQUIRED

Activities Covered

Procedures:	Products:	Excess £
Botulinum Toxin		Nil
Dermal Fillers (Excluding permanent fillers but includes advanced fillers where specified qualifications have been achieved i.e. non-surgical rhinoplasty, chin augmentation and hands.)		Nil
Hyaluronidase		Nil

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Ref AWAC/INS 002

Public liability extension

Public liability extension endorsement

The insurance under this **Policy** is extended as follows.

Public Liability Extension

The **Insurer** agrees to indemnify the **Insured** for **Damages** the **Insured** becomes legally liable to pay on account of **Bodily Injury** or **Property Damage** occurring during the **Policy Period** and caused by an **Occurrence** arising out of and in the course of the **Insured's Business** within the **Coverage Territory**.

The **Insurer** will also indemnify the **Insured** for **Defence Costs** incurred by the **Insured** with the **Insurer's** prior written consent (not to be unreasonably withheld) in respect of an **Occurrence** covered under this Extension.

Extension Limits & Excess

The cover under this Extension (including with respect to **Defence Costs**) will:

1. be subject to the each **Occurrence** and aggregate limits of liability specified in the Schedule below. The each **Occurrence** limit will be the maximum amount for which the **Insurer** will be liable under this Extension in respect of each **Occurrence**.



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The aggregate limit will be the maximum amount for which the **Insurer** will be liable under this Extension in the aggregate, regardless of the number of **Insureds**, **Claims** or **Occurrences**;

2. additionally be subject to and reduce the Policy Aggregate Limit specified in Item 8 of the **Schedule**; and
3. be subject to the Excess specified in the Schedule below. The Excess will be the first amount in respect of each **Occurrence** under this Extension which must be retained by the **Insured**, for which the **Insurer** is not liable and in excess of which the cover under this Extension applies.

Extension Exclusions

In addition to the exclusions in Part E of this **Policy**, the following exclusions will apply to this Extension.

This Extension does not cover and the **Insurer** will not indemnify or be liable to the **Insured** under this Extension in respect of any actual or alleged:

1. **Patient Injury**;
2. Act, error or omission in breach of professional duty or otherwise in the rendering of or failure to render any professional advice, care or service;
3. Liability of any **Insured** arising from any **Occurrence**, **Injury** or cause of **Injury**, which is known in whole or in part by such **Insured** prior to the **Policy Period**; or
4. Liability arising from any **Occurrence**, **Injury**, **Claim** or any other matter notified to a Medical Defence Organisation prior to the **Policy Period** or notified under any insurance policy commencing prior to the **Policy Period**, or deemed notified, or which the **Insured** was entitled to or should reasonably have notified, under the terms of any such policy.

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Extension Conditions

In addition to the conditions in Part F of this **Policy**, the following conditions will apply to this Extension.

The **Insured** must give notice to the **Insurer** as soon as reasonably practicable of any **Occurrence** or **Injury** which may give rise to a **Claim**.

Extension Definitions

As used herein:

Occurrence means an accidental event or continuous or repeated exposure to the same harmful conditions not expected or intended by the **Insured**, provided that a series of accidental events attributable to the same, or substantially the same, original cause or source will be deemed to be one accidental event.

All other defined terms have the meaning given to them in Part D of this **Policy**.

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Ref AWAC/INS 006

Additional extensions of cover

Section 4: Extensions of cover, sub section 4.1 Breach of confidentiality is amended as follows:

4.1 Breach of confidentiality

The insurer agrees to indemnify the insured in respect of your civil liability for any claim for compensation arising from any breach of confidentiality including any infringement of the Data Protection Act 1998.

The most the insurer will pay the insured under this section is GBP 50,000 each and every claim and in the aggregate in any one period of insurance, however, this extension does not apply to any costs or expenses the insured incur in replacing, reinstating, rectifying or erasing any personal data.

The following is added to Section 4: Extension of cover:

Court attendance costs

The insurer agrees to provide court attendance costs the insured incurs where you are legally compelled to attend a civil proceeding as a witness in a claim covered by this policy.

The most the insurer will pay the insured under this section is GBP 100 per day for employees and GBP 250 per day for directors up to a maximum GBP 25,000 any one period of insurance.

Representation costs

The insurer agrees to pay costs of representing the insured at any properly constituted investigation, first discovered during the period of insurance. The most the insurer will pay the insured under this section is GBP 50,000 each and every claim and in the aggregate in any one period of insurance.

In all other respects the policy remains unaltered.

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Ref AWAC/INS 016

Extended notification period amendment

Section 4.7 Extended notification period is deleted in its entirety and replaced with the following:

4.7 Extended notification period. In the event that the insured do not renew or you cancel this policy due to:

- a. your retirement;
- a. your death;
- b. your permanent disability;
- c. the cessation of your business; or
- d. your maternity or paternity leave

Where the insured have elected and paid the applicable premium set out by the insurer, the insurer shall provide an extended reporting period to this policy under which claims can be first made against the insured and reported under the policy after the period of insurance has expired.

You must first give:

- a. six (6) months' written notice as to your intention to retire, take maternity or paternity leave or cease your business; or
- a. Thirty (30) days' written notice following your permanent disability or death.

All other terms and conditions of the policy will apply.

This extended reporting period will extend the period for which any claim covered by the policy and first made against the insured can be notified to the insurer by a further five (5) years and shall commence on the day immediately following the expiry of the period of insurance however such extended reporting period:

- a. does not reinstate or increase the limit of indemnity;
- a. does not extend the period of insurance; and
- b. Will only apply to claims arising from business we knew about and which took place before the effective date of the cancellation or non-renewal of this policy.

This extended reporting period shall automatically cease should the insured effect another policy or upon non-payment of the applicable premium.

In all other respects the policy remains unaltered

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Ref AWAC/INS 019

Specified Dermal Filler Products

****Always ensure that the injector has a right of recourse against the supplier/manufacturer and products are purchased from the local supplier/representative only who holds full products coverage and a written right of recourse against the manufacturer, wherever based****

Dermal Filler products used for the Dermal Filler treatment performed as part of **the insured business** and which are acceptable by **the insurer** include:

1. Aliaxin
2. Amalian
3. Aquamid
4. Atlean
5. Belotero
6. Cristal
7. CRM
8. Dermafill
9. Dermaren
10. Ellanse
11. Ellanse
12. Emervel
13. Esthelis
14. Filorga
15. Fortelis
16. Hyacorp (Face & Lips only)
17. Hyaluderm
18. Hyaluronica
19. Hydrofill
20. Hylaform
21. ISO Gel
22. Jolidermis
23. Juvederm
24. Matridex
25. Matridur
26. Mesolis
27. Modelis
28. Pain relief injections / creams
29. Perfectha
30. Perlane

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31. Prevelle
32. Princess
33. Puragen
34. Radiesse
35. ReDexis
36. Rennova
37. Restylane
38. Restylane SubQ
39. Revanesse
40. Reviderm
41. Stylage
42. Suceev
43. Surgiderm
44. Teosyal
45. Teosyal Pure Sense Ultimate
46. Teosyal Redensity (II)
47. Uma Jeunesse
48. Varioderm
49. Visagel
50. Viscoderm
51. Intraline One
52. Intraline Two
53. Gene Fill
54. Profhilo
55. Sculptra
56. Dermal Revolution
57. Aqua Sercret
58. Algeness
59. Yvoire Volume S
60. Yvoire Volume Plus
61. Yvoire Contour
62. Yvoire Contour Plus
63. Yvoire Classic S
64. Yvoire Classic Plus
65. Intraline Men
66. Neauvia (Excluding the Genitalia area)
67. Neauvia (Including the Genitalia area)
68. Teoxane
69. Laresse
70. NanoMedica
71. Hyalual Xela Range

Cosmetic Insure is a trading style of Red Insure LTD. Authorised and regulated by the Financial Services Authority (FSA). Company ref no: 6599229

Coverholder at **LLOYD'S**



0345 600 8288 (Phone)
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Park House, Grosvenor Park Road
Chester, CH1 1QQ

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72. Linerase/Nithya
73. Revolax
74. Hyamira
75. Regenyal Idea
76. Bellafill / Artefill
77. Decoria
78. Monalisa
79. Luminera Hydryalix Gentle
80. RRS
81. Regenyal Bioregen
82. Regenyal Biorivolumetria
83. Plenhyage
84. Jalucomplex
85. Revofil
86. Singderm
87. ACE
88. Regenovue
89. FosyDerm(excluding treatment on hips, genitals and breast)
90. Gloderm
91. Be Ceuticals
92. Sunekos



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Evidence of Medical Malpractice Cover

Azra Aesthetics Ltd

We act as Insurance Brokers for the above practitioner and we hereby certify that the following insurances are in force:

Insurer: AWAC
Policy Number: AWAC-MM-19-02-044

Type of Insurance: Medical Malpractice
Limit of Indemnity: 5 Million
Treatments:

- Botulinum Toxin
- Dermal Fillers (Excluding permanent fillers but includes advanced fillers where specified qualifications have been achieved i.e. non-surgical rhinoplasty, chin augmentation and hands.)
- Hyaluronidase

Period of Cover: 06/02/2019 To 06/02/2020

We trust that this is satisfactory and can confirm that all cover is in force at the time of writing and that the policies are subject to all policy wordings, conditions and warranties. Should you require any additional information, we will supply this with, of course, the instruction of our client.

Yours faithfully

Lizzie Newton

On behalf of Cosmetic Insure