



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

**STATEMENT OF FACT**

**POLICY NUMBER: 0012345**

**POLICY PERIOD: 19/11/2021 to 18/11/2022**

**You** declare that declarations 1-17 below are true to the best of **Your** knowledge and belief. **You** must comply and continue to comply with **Your** duty of **Fair Presentation** and provide to **Us** a **Fair Presentation** of the risk at inception, renewal and variation of **Your Policy**.

A "**Fair Presentation** of risk" means:

- a) **You** must disclose to **Us** every material circumstance which **You** know or ought to know (including matters known to those responsible for **Your** insurance, and matters known to **Your** directors, partners and senior management if **You** are a company) ; or
- b) **You** must disclose to **Us** information to put **Us** on notice that **We** need to make further enquiries for the purpose of revealing those material circumstances; and
- c) **You** must provide such disclosure in a manner which is reasonably clear and accessible to **Us**; and
- d) **Your** material representations as to matters of fact must be substantially correct, and material representations as to matters of expectation or belief must be made in good faith.

A circumstance or representation is 'material' if it would influence **Our** judgement in determining whether to take the risk insured by this **Policy** and if so on what terms and for what **Premium**.

If **You** cannot confirm any of the below Statements of Fact, please contact **Your** broker or agent and provide full details.

1. **You** are qualified/accredited to perform the activities declared to **Us**.
2. **You** are qualified/accredited:
  - as a Registered General Nurse; or
  - as a Phlebotomist; or
  - to a minimum level of Beauty NVQ Level II AND are qualified/accredited and practicing in micropigmentation, micro-blading, semi-permanent make-up, anatomy & physiology level 3 for a minimum period of 3 months; or
  - in micropigmentation, micro-blading, semi-permanent make-up, anatomy & physiology level 3 and have been practicing for a minimum period of 6 months;
  - or have been approved by **Us** following referral.



3. **You** only undertake **Your** work within an appropriate setting, for example, salon, surgery, clinic or hospital.
4. **You** have not been declined insurance, nor had an insurance **Policy** terminated or had special terms imposed.
5. **You** have not had any **Claims**, whether successful or not, made against **You** in the last 5 years in respect of any of the activities to which the proposed insurance relates.
6. No proposer (or director or partner of the proposer) has unspent criminal convictions under the Rehabilitation of Offenders Act (other than motor offences).
7. Neither the proposer (or director or partner of the proposer) is aware of any circumstances that could give rise to a **Claim** against them in respect of any of the risks to which the proposed insurance relates.
8. No proposer (or director or partner of the proposer) has received regulatory or disciplinary proceedings against them.
9. No proposer (or director or partner of the proposer) has ever had their membership with the NMC (Nursing & Midwifery Council), General Dental Council (GDC) or equivalent governing body and/or association refused, suspended or withdrawn, or had special conditions imposed.
10. **You** do not perform any midwifery or neonatal work, NHS 111, Out of Hours or Foetal Scanning activities.
11. The proposer only carries out work within the United Kingdom and understands that this **Policy** only covers work undertaken in the United Kingdom.
12. **You** have not been involved at a coroner's inquest or enquiry within the last 5 years.
13. **You** have no plans to retire in the next 12 months.
14. **You** have never had any practice related issues involving alcohol or drugs.
15. **You** have not experienced loss of documents in relation to **Your** practice activities in the last 5 years.
16. Where undertaking beauty activities, **You** provide satisfactory Patient Information Sheets to **Your** clients before each and every treatment carried out.
17. Where undertaking beauty activities, **You** provide a satisfactory Consent Form to **Your** clients to sign and date before each and every treatment carried out.



In respect of points 16 and 17 above “satisfactory” is deemed to mean documents that contain the following headings and related content:

Patient's circumstances / background	Discuss with the patient their circumstances (e.g. occupation, whether they are responsible for caring for anyone, what their own needs are, whether they have any pre-existing conditions, whether they are currently taking any medication, whether they have suffered complications following any other treatment) and set them out in detail here.
Purpose of treatment	Discuss with the patient why they want to have the treatment. What is the purpose? Why is it important to them? Record the details.
Patient's concerns	Ask the patient if they have any concerns of specific questions. If so, detail them here and set out the discussion you have with them about their concerns and what your advice is.
Material risks of treatment	These are going to be case specific. “Material” means that this particular patient would attach significance to the risk given his/her circumstances or you should be aware that they would attach significance to this risk. Record here what you have discussed with the patient and confirm that you have properly familiarised yourself with this patient's history from the note available.
Alternative/ variant treatments	Are there any? What have you discussed with the patient? For example. Less invasive options, more invasive options, the option of doing nothing. Discuss the pros and cons of each option with the patient and record your discussion here.
Patient's decision	Does the patient wish to proceed with the treatment (and not the alternative discussed) in the light of their discussion with you? Why have they decided to proceed?
Signature of healthcare professional	I confirm that this form accurately records the discussion between [patient's name] and I on [date]
Signature of patient	I confirm that this accurately records the discussion between [healthcare professional's name] and I on [date].



## ABOUT YOU

**Title:** Miss  
**Insured First Name:** Amy  
**Insured Last Name:** Hackett  
**Email Address:** byamyaesthetics@gmail.com  
**Phone Number:** 07787243367  
**Address Line 1:** 20 Sheep Street  
**Address Line 2:**  
**City:** Wellingborough  
**Postcode:** NN8 1BL

## ABOUT YOUR BUSINESS

**Business Name:** Amy Hackett T/A By Amy Aesthetics Clinic  
**Type of Company:** Sole Trader  
**Your Profession:** Beauty Therapist / Aesthetic Therapist  
**Annual Income:** £16000  
**Business Start Date:** 19/11/2019  
**Limit of Indemnity for Medical Professional Liability:** £1,000,000  
**Limit of Indemnity for Public Liability:** £1,000,000  
**Number of People:** 1  
**Policy Start Date:** 19/11/2021  
**Policy End Date:** 18/11/2022



## BEAUTY PRACTITIONER TREATMENT LIST

ACTIVITY	COVERED
<b>Aqualyx Fat Dissolve Treatment</b>	Covered
<b>Areola Tattoo</b>	Not Covered
<b>Botulinum Toxin – Azzalure, Bocoture and Dysport to be covered under Botulinum Toxin endorsement. This endorsement specifically excludes Fraxin™.</b>	Covered
<b>Brow lamination</b>	Not Covered
<b>Buttock and/or Hip Sculptra® Aesthetic Augmentation</b> a) Sculptra only; and b) Coverage only provided if the client has trained with The Cosmetic Training Academy and/or The Cosmetic Clinic run by Sonia Constantine. Both a) and b) must be met.	Not Covered
<b>Chemical Peel</b>	Not Covered
<b>Cryolipolysis/CoolSculpting</b>	Not Covered
<b>Depilatory Waxing and Electrical Epilation</b>	Not Covered
<b>Dermal Filler / Advanced Filler</b>	Covered
<b>Dermaplaning</b>	Covered
<b>Ear Irrigation &amp; Micro Suction</b>	Not Covered
<b>Ear Piercing</b>	Not Covered
<b>Eyelash Extensions &amp; LVL Lashes</b>	Not Covered
<b>Fibroblast / Plasma Lift / Plasma Pen</b>	Not Covered
<b>Fraxin™</b>	Not Covered
<b>General Beauty Treatments:</b> <ul style="list-style-type: none"> <li>• aromatherapy</li> <li>• body massage including Indian head, Swedish, hot stone and aromatherapy message;</li> <li>• body wrapping</li> <li>• cupping;</li> <li>• electrical epilation and electrolysis;</li> </ul>	Covered

<ul style="list-style-type: none"> <li>• electrical facial treatments including high frequency, galvanic, micro-current treatment, micro-dermabrasion and vacuum suction;</li> <li>• eyelash and eyebrow tinting, shaping and perming;</li> <li>• facial massage and skincare;</li> <li>• facial peels with a glycolic acid levels of less than 40%;</li> <li>• false eyelash application;</li> <li>• Hopi-ear candles;</li> <li>• make-up and spray-on tan application;</li> <li>• manicure and pedicure;</li> <li>• nail extensions and treatments;</li> <li>• threading, waxing and sugaring.</li> </ul>	
<b>High Intensity Frequency Ultrasound (“HIFU”)</b>	Not Covered

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<b>Hyaluronidase/Hyalase Treatment</b>	Covered
<b>Hyapen / HyaluronPen / Hylaluronic Pen</b>	Not Covered
<b>Intense Pulsed Light (IPL), Intense Flash Light (IFL), Variable Pulsed Light (VPL) or Light Heat Energy (LHE)</b>	Not Covered
<b>IV Vitamin Injections</b>	Not Covered
<b>Jalupro</b>	Covered
<b>Microneedling</b>	Not Covered
<b>Micropigmentation / Microblading / Semi Permanent Make-Up</b>	Covered
<b>Nappage Mesotherapy</b>	Not Covered
<b>Nerve Block/Dental Block/Lidocaine/Lignocaine</b>	Covered
<b>Platelet Rich Plasma (PRP)</b>	Not Covered
<b>Polydioxanone Threads (PDO Threads) – CQC Registered only</b>	Not Covered
<b>Profilo</b>	Covered
<b>‘Profound’ by Love Cosmedical only</b>	Not Covered

<b>Redensity 1</b>	Not Covered
<b>Sclerotherapy – medically trained practitioners only</b>	Not Covered
<b>Sunekos</b>	Covered
<b>Tattoo Removal</b>	Not Covered
<b>Teeth Whitening – GDC registered dentist (or dental hygienist or dental therapist or clinical dental technicians working to a dentist's prescription, only)</b>	Not Covered
<b>Tinting and Henna</b>	Not Covered
<b>Ultrasound</b>	Not Covered
<b>Vitamin B7, B12, C &amp; D Injections</b>	Covered
<b>Other</b>	Teaching