



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

STATEMENT OF FACT

POLICY NUMBER: 0034559

You declare that declarations 1-16 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:
 - 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, or clinic.



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. **You** have no unspent criminal convictions under the Rehabilitation of Offenders Act (other than motor offences).
7. **You** are not aware of any circumstances that could give rise to a **Claim** against **You** in respect of any of the risks to which the proposed insurance relates.
8. **You** only carry out work within the United Kingdom and understand that this **Policy** only covers work undertaken in the United Kingdom.
9. **You** have never had any practice related issues involving alcohol or drugs.
10. **You** have not experienced loss of documents in relation to **Your** practice activities in the last 5 years.
11. **You** provide satisfactory Patient Information Sheets to **Your** clients before each and every treatment carried out and discuss with them.
12. **You** provide a satisfactory Consent Form to **Your** clients to sign and date before each and every treatment carried out.
13. **You** provide a satisfactory After Care Form to **Your** clients to sign and date before each and every treatment carried out.
14. **You** do not provide treatments to individuals under the age of 18.
15. **You** ensure that all products and medicines are –
 - licensed and registered for use in humans,
 - where applicable 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, 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).
16. **You** carry out all procedures in a hygienic environment.



In respect of points 11 and 12 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 or 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	<p>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.</p> <p>Record here what you have discussed with the patient and confirm that you have properly familiarised yourself with this patient's history from the notes available.</p>
Alternative/ variant treatments	<p>Are there any? What have you discussed with the patient? For example, less invasive options, more invasive options, the option of doing nothing.</p> <p>Discuss the pros and cons of each option with the patient and record your discussion here.</p>
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].



TREATMENT LIST

ACTIVITY	COVERED
Allergy Testing (Patch and Skin Prick Testing)	Not Covered
Botulinum Toxin	Covered
Botulinum Toxin for Hyperhidrosis	Not Covered
Botulinum Toxin Prescribing	Not Covered
Buttock and/or Hip Aesthetic Augmentation	Not Covered
Carboxytherapy	Not Covered
Cellfina	Not Covered
Celluerase	Not Covered
Celluform	Not Covered
Chemical Peel/TCA Cross	Not Covered
CO2 Laser	Not Covered
Collagen Induction Therapy	Not Covered
Colon Hydrotherapy	Not Covered
CoolSculpting	Not Covered
Cryolipolysis	Not Covered
Cryopen	Not Covered
Cryotherapy	Not Covered
Dental Block	Not Covered
Depilatory Waxing	Not Covered
Derma Roller	Not Covered
Dermal Filler using Injection or Canula	Covered



Dermapen	Not Covered
Dermaplaning	Not Covered
Diet/Nutritional Advice	Not Covered
Diode Laser	Not Covered
DR CYJ Hair Filler	Not Covered
Ear Irrigation, Micro Suction and Syringe	Not Covered
Ear Lobe Correction	Not Covered
Ear Piercing	Not Covered
Electrical Epilation	Not Covered
Electronic Muscle Stimulation	Not Covered
Emsculpt	Not Covered
Eyelash Extensions	Not Covered
Eyelash/Eyebrow Tinting and Perming	Not Covered
Fat Dissolve Treatment Injections	Not Covered
Femilift/Vaginal Rejuvenation	Not Covered
Fibroblast/Plasma Lift/Plasma Pen	Not Covered
First Aid	Not Covered
Follicular Unit Extraction (FUE), Biofibre Hair Implant	Not Covered
Follicular Unit Strip Surgery (FUSS), Follicular Unit Transplantation (FUT)	Not Covered
Fraxin	Not Covered
General Beauty Treatments	Covered
General Nurse Activities	Not Covered
Hair Growth/Rejuvenation Low-Level Light Therapy (LLLT)	Not Covered
Hairdressing	Not Covered
High Intensity Frequency Ultrasound (HIFU)	Not Covered
Hyaluronidase/Hyalase Prescribing	Not Covered



Hyaluronidase/Hyalase	Covered
Hyapen/HyaluronPen/Hyaluronic Pen	Not Covered
Injectable Platelet Rich Fibrin (IPRF)	Not Covered
Intense Flash Light (IFL)	Not Covered
Intense Pulsed Light (IPL)	Not Covered
Intravenous and Intramuscular Vitamin	Not Covered
Laser Hair Removal	Not Covered
Laser Tattoo Removal	Not Covered
Lidocaine	Not Covered
Life Coaching	Not Covered
Light Heat Energy (LHE)	Not Covered
Lignocaine	Not Covered
LVL Lashes	Not Covered
Makeup/Nails (Ages 12-16)	Not Covered
Medical Treatment for Under 16's (Excluding Aesthetics)	Not Covered
Mesotherapy	Not Covered
Microblading	Not Covered
Microneedling	Not Covered
Micropigmentation	Not Covered
Milia Removal	Not Covered
Needle Shaping	Not Covered
Nerve Block	Not Covered
Non-Surgical Blepharoplasty	Not Covered
Onda Coolwaves	Not Covered
Dissolvable Threads Lifts	Not Covered
Phototherapy	Not Covered
Platelet Rich Plasma (PRP)	Covered
Prescription Only Treatments	Not Covered
'Profound' by Love Cosmedical	Not Covered
Radio Frequency	Not Covered



Salt and/or Saline Tattoo Removal	Not Covered
Sclerotherapy/Microsclerotherapy	Not Covered
Semi-Permanent Make-Up	Not Covered
Shockwave	Not Covered
Skin Booster	Not Covered
Skin Tag Removal	Not Covered
Super Hair Removal (SHR)	Not Covered
The "O" Shot /The "P" Shot	Not Covered
Thread Vein Treatment using Laser Only (Minimum of Level 3 Laser/IPL Certificate).	Not Covered
Tinting and Henna	Not Covered
Toe Nail Fungus Removal via Laser and Cryothetapy	Not Covered
Toskani TKN HA3	Not Covered
Training/Teaching	Covered
Variable Pulsed Light (VPL)	Not Covered
Verruca Removal via Laser and Cryothetapy	Not Covered
Wart Removal via Laser and Cryothetapy	Not Covered
Xylocaine	Not Covered
Other Treatments	