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: 0027595

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: 31/03/2022

SCHEDULE

Policy Number:	0027595
Name and Address of Insured:	Miss Hollie Allison 25 Parrenthorn Road, Manchester, M25 2RH
Business Name:	Hollie Allison T/A Hollie's Beauty Hut
Period of Insurance:	**From:** 29/04/2022 **To:** 28/04/2023 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:	£791.25
Plus UK Insurance Premium Tax	£94.95
Total Fees	£50.00
Total Premium:	£936.20
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:	29/04/2021

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: 0027595

Policy Period: 29/04/2022 to 28/04/2023

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.

Advanced 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 Rednesity 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.

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.

Buttock and/or Hip Sculptra® Aesthetic Augmentation Endorsement

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

- £1,000 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** is applicable but

- £2,500 each and every **Claim** and each and every claimant including **Defence Costs and Expenses** for advanced buttock and/or hip fillers.

Cover hereunder is extended to the provision of the injectable dermal filler Sculptra® Aesthetic into the buttock and/or hip area only.

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

1. **You** have been trained at The Cosmetic Training Academy and/or The Cosmetic Clinic run by Sonia Constantine.

2. **You** have formally qualified and been practicing in the provision of facial dermal fillers for a minimum of 1 year and remain **Claim** and/or incident free during that time.

3. Patient Information Sheet/s specific to the administration and risks of Sculptra® Aesthetic into the buttocks and/or hips are provided to the patient, 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** advise individuals who are considering this treatment to undertake a comprehensive health check and consultation with their doctor prior to embarking on this procedure.

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 vials/ampoules for single use only and do not store, clean and/or reuse the vial/ampoule once opened.

7. **You** use **Your** best endeavours to prevent the injection of Sculptra® Aesthetic and/or 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.

8. **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.

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 any other buttock and/or hip augmentation/treatment, including but not limited to:

i. the use of any other dermal filler, hydrogel, silicone and/or similar product/substance;

ii. Liposuction;

iii. Silicone implants;

iv. Fat transfer (Brazilian Buttock lift).

Furthermore, cover hereunder excludes any **Claim**/s arising from and/or relating to Sculptra® Aesthetic:

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, or over the age of 60;

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

- hypertrophic scarring
- keloid formation
- a known allergy to any ingredient of Sculptra® Aesthetic including but not limited to “poly-L-lactic acid” (PLLA), carboxymethylcellulose (USP) and/or non-pyrogenic mannitol (USP).

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

<u>Dental Block Endorsement</u>

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

1. have received appropriate training in the administration of the block/pain relief; and

2. hold a valid first aid certificate or is in the presence of a person who holds a valid first aid certificate.

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

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 Rednesity 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.

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.

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.

Hyaluronidase / Hyalase Treatment Endorsement

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

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

2. Hyaluronidase / Hyalase 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);

3. An Intradermal Test (IDT) is performed, except when emergency treatment is required for, including but not limited to, vascular occlusion and/or necrosis, where a delay could result in further harm to the patient. Furthermore, a satisfactory in person assessment of the Individual receiving treatment is carried out by **You** and the Prescriber prior to being Hyaluronidase / Hyalase prescribed;

4. If emergency treatment is provided, **You** should also seek emergency medical attention.

5. When an IDT is performed, **You** apply 20 units of the dissolving product in the forearm and wait for 30 minutes prior to providing Hyaluronidase/Hyalase Treatment. The treatment is not to proceed if the results of the patch test are not satisfactory. If there is an adverse reaction, then **We** will not be liable for any treatment subsequently carried out.

6. Patient Information Sheet/s specific to the treatment of dissolving dermal fillers are provided to the patient, 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.

7. Once 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.

8. **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.

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 Hyaluronidase/Hyalase treatments:

i. provided to individuals planning on becoming pregnant, or who are pregnant and/or breast feeding;
ii. provided on patients with an allergy to bee venom;
iii. provided to individuals under the age of 18;

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

Lidocaine / Lignocaine Endorsement

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

1. have received appropriate training in the administration of the block/pain relief; and

2. hold a valid first aid certificate or is in the presence of a person who holds a valid first aid certificate.

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

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, 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.

Micropigmentation / Microblading / Semi-Permanent Make-Up (including Body Art and Lip Blush) Endorsement

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

1. **You** must perform a sensitivity patch test on the client using the exact substance that will be applied during the treatment. This must be carried out 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. a Patient Information Sheet must be provided to the patient, and a consent form must be completed and signed by the patient who must be 18 years of age or older, including a disclosure by them of any medical condition and/or where they are taking any prescribed medication. Where a medical condition is disclosed or prescribed medication is taken, the consent form must include a declaration by the client that they understand how their condition or medication may affect the treatment, including but not limited to, increased bruising, bleeding and longer healing times than normal. An After Care Sheet must also be provided to the patient after treatment.

3. **You** will use a new sterile needle for each new treatment which will be disposed of immediately afterwards into a sharps container.

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

4. Further to clause (2) above, **You** will not provide any treatment for clients who are pregnant or nursing, nor for any persons who:
    - are epileptic and who have had seizures in the past 2 years,
    - have Hepatitis C,
    - are Hemophiliac, or taking Warfarin,
    - are 5 weeks or less pre or post Radiotherapy/Chemotherapy,
    - are using or have used Antabuse or Roaccutane within 6 months of the treatment date,
    - have visible evidence of a cold sore, blister or skin disorder in or close to the area to be treated;
    - have a 6GDP deficiency.

5. **You** will not use laser for correction procedures.

6. **You** will not use, apply or remove permanent inks or body tattoos, including paramedical tattoos.

7. **You** will not provide advanced procedures such as scalp or medical micropigmentation.

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

Skin Booster Endorsement

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

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Tinting and Henna

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.

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