

Insync Insurance Solutions Limited
9 Albany Park
Cabot Lane
Poole
Dorset
BH17 7BX
United Kingdom

www.insyncinsurance.co.uk

THIS IS TO CERTIFY that in accordance with the authorisation granted under Contract No B079921K1120075 to the undersigned by certain Underwriters at Lloyd's hereinafter known as "Underwriters", whose names and the proportions underwritten by them which will be supplied on application, can be ascertained by reference to the said Contract which bears the Seal of Lloyd's Policy Signing Office, and in consideration of the premium specified herein the said Underwriters are hereby bound, each for his own part and not for another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon.

Any enquiry or complaint should be addressed in the first instance to your Broker/Insurer. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints Department at Lloyd's to review your case without prejudice to your rights in law. The address is: Complaints Department, Lloyd's, One Lime Street, London, EC3M 7HA. Telephone: 0207 327 5693/6059 or email complaints@lloyds.com.

IN WITNESS WHEREOF this Certificate has been signed at **London** on 24/10/2022



Jon Norman
By Authorised Signatory

Insync Insurance Solutions Limited
9 Albany Park
Cabot Lane
Poole
Dorset
BH17 7BX
United Kingdom
Telephone: 01200 309 516

Underwritten by certain syndicates at Lloyd's.

Insync Insurance Solutions Limited is an authorised Lloyd's of London coverholder and has authority to enter into contracts of insurance on behalf of the Lloyd's of London underwriting members of Lloyd's of London syndicates 623 and 2623 which are managed by Beazley Furlonge Limited.

Beazley Medical Malpractice Insurance

Policy Schedule

This Insurance contains some particularly important conditions which the Insured must satisfy or the Insured could lose some or all of the cover provided. Because these are particularly important, the Underwriters want to draw the Insured's attention to them and they will highlight them in bold and capital letters within the Policy.

Separately, there is also a warranty that the Insured must pay the premium when it is due, including when any instalment is due. If the Insured fails to do so, then the Insured's cover will be suspended and the Policy may be cancelled.

NOTICE: This Policy provides coverage on a Claims Made and Reported Basis. Except to such extent as may otherwise be provided herein, this insurance applies only to those **Claims** which are first made against the **Insured** and reported in writing to the underwriters during the **Policy Period** or **Extended Reporting Period** (if applicable). **Damages** and **Claims Expenses** shall be applied against the deductible. Claims Expenses under this Policy shall reduce and may exhaust the Limits of Liability. Please review the coverage afforded under this Insurance Policy carefully and discuss the coverage hereunder with your insurance agent or broker.

This schedule along with the completed and signed **Proposal** and the Policy with endorsements shall constitute the contract between the **Insureds** and underwriters.

Reference: 0046409

Wording: Aesthetic Wording (licensed aesthetic practitioner)

Underwriter: Beazley Lloyd's Syndicate AFB 2623 (82%) / 623 (18%)

Coverholder: Insync Insurance Solutions Limited

Item 1. Named Insured
Lisa Barr

Address
205 Nangreave Road,
,
Stockport,
SK2 6AH,
United Kingdom

Item 2. Policy Period

From: 24/10/2022

To: 23/10/2023

Both days inclusive local standard time at the address of the named insured stated in the Schedule

Item 3.**Insuring Agreements and Extensions Included**

INSURING AGREEMENTS	Included
Insuring Agreement I.1.A., Medical Malpractice	Yes
Insuring Agreement I.1.B., Professional Indemnity	Yes
Insuring Agreement I.1.C., Public/General Liability	Yes
Insuring Agreement I.1.D., Product Liability	No
Insuring Agreement I.1.E., Loss of Documents	Yes
Insuring Agreement I.1.F., Breach of Professional Confidentiality	Yes
Insuring Agreement I.1.G., Libel and Slander	Yes
Insuring Agreement I.1.H., Inquest Costs	Yes
Insuring Agreement I.1.I., Licensing Body Investigation Costs	Yes
Extension I.2.A., Information Security and Privacy Liability	Yes
Extension I.2.B., Regulatory Defense and Penalties	Yes
Extension I.2.C., Website Media Content Liability	Yes
Extension I.2.D., PCI Fines and Costs	Yes
Extension I.2.E., Forensic Defence Costs	Yes
Extension I.2.F., Employee Privacy Breach Cover	Yes
Extension I.2.G., Crisis Management Costs and Public Relations	Yes

Item 4.**Limits of Liability****A.****Insuring Agreements**

- Medical Malpractice (Insuring Agreement I.1.A)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Professional Indemnity (Insuring Agreement I.1.B)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Public or General Liability (Insuring Agreement I.1.C)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Product Liability (Insuring Agreement I.1.D)**
Limit of Liability Not Applicable
- Loss of Documents (Insuring Agreement I.1.E)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Breach of Professional Confidentiality (Insuring Agreement I.1.F)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Libel and Slander (Insuring Agreement I.1.G)**
Limit of Liability (Each **Claim** including **Claims Expenses**) GBP £5,000,000
- Inquest Costs (Insuring Agreement I.1.H)**
Limit of Liability (Each **Inquest**) GBP 25,000
- Licensing Body Investigation Costs (Insuring Agreement I.1.I)**
Limit of Liability (Each **Investigation**) GBP 25,000

B.**Extensions**

- Information Security and Privacy Liability** GBP 5,000,000

(Extension I.2.A)

- | | |
|--|---------------|
| 2. Regulatory Defense and Penalties
(Extension I.2.B) | GBP 100,000 |
| 3. Website Media Content Liability
(Extension I.2.C) | GBP 5,000,000 |
| 4. PCI Fines and Costs
(Extensions I.2.D) | GBP 10,000 |
| 5. Forensic Defence Costs
(Extension I.2.E) | GBP 100,000 |
| 6. Employee Privacy Breach Cover
(Extnesion I.2.F) | GBP 5,000,000 |
| 7. Crisis Management Costs and Public Relations
(Extension I.2.G) | GBP 25,000 |
| 8. Policy Aggregate Limit of Liability including Claims
Expenses | GBP 5,000,000 |

Item 5. Deductible GBP 250
Each **Claim** including **Claims Expenses** unless varied in the Treatment and Deductible Endorsement or specified within the Conditions Section

Item 6. Gross Premium
Gross Premium plus Insurance Premium Tax at 12.0% and any applicable fees, payable by the Named Insured up to 60 days after the inception date.

PREMIUM PAYABLE	Premium
Gross Premium	£580.50
Insurance Premium Tax at 12%	£69.66
Policy fees	£50.00
Total payable	£700.16

Item 7. Extended Reporting Period

Not Applicable

Item 8. Retroactive Date

01/03/2017

Item 9. Notifications under this Policy

Amy Hodkinson at amy.hodkinson@insyncinsurance.co.uk

Item 10. Insured's Business

Specified treatments as per the Treatment and Deductible Endorsement

Item 11. Currency

GBP

Item 12. Medical Practitioners

Not Applicable

Item 13. Subsidiaries and Joint Ventures

Not Applicable

Item 14. Additional Medical Practitioners

0

Item 15. Additional Other Staff

Not Applicable

Item 16. Jurisdictional Limits (countries where the claim is first made against the Insured)

Great Britain, Northern Ireland, the Isle of Man, Channel Islands

Item 17. Endorsements Effective at Inception

- Treatment and Deductible Endorsement
- Patch Test Condition
- Student Supervision Condition-
- Teaching or School Programme Endorsement
- Named Insured facility Endorsement
- Healthcare Communicable Disease Endorsement
- Data protection short form notice – see attached
- Statement of facts for Non-licensed aesthetics practitioner – see attached
- Botox Endorsement
- Botox Endorsement (Insured Prescriber)
- Chemical Peels Endorsement
- Medical practitioners Endorsement

Treatment and Deductible Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as it incorporated within in.

Item 5 of the Schedule is amended with the addition of the following table which sets out the deductible applicable to claims arising out of or related to the specified treatments as listed below. **UK accredited training must be held for each treatment you wish to perform.** We agree to accept non UK qualifications in respect of treatments listed within complementary therapy and general beauty lists:

BAND A – Policy Excess GBP 0 Each and Every Claim	
1 to 9 Sunbeds	Not Covered
Advanced Botox (including Neck, Masseter, Vshape Definition and Gummy Smile)	Covered
Advanced Fillers (including Brow Lift, Lip Augmentation and Enhancement, Russian Lip, Cheek/Jaw/Chin/Breast and Buttock Augmentation, Platysmal Bands, deeper wrinkles of the face, Tear Troughs, Non-Surgical Rhinoplasty and scalp – Dr CJY Filler) excluding Devil Lip and Genitalia	Covered
Allergy Testing (Patch and Skin Prick Testing)	Not Covered
Apido Forte	Not Covered
Application of branded third party skincare products	Not Covered
Aqualyx Injections	Covered
Azzalure	Not Covered
BB Glow	Not Covered
Bio Fillers	Not Covered
Bio Identical Hormone Therapy	Not Covered
Bio Revitalisation	Not Covered
Boccatore	Not Covered
Botulinum Toxin	Covered
Botulinum Toxin Prescribing	Not Covered
Brow Lamination	Not Covered
Carbon Facial	Not Covered
Carboxytherapy	Not Covered
Cellfina	Not Covered
Celluerase Treatment	Not Covered
Chemical Peels	Covered
CO2 Laser	Not Covered
Collagen Induction Therapy	Not Covered
Colon Hydrotherapy	Not Covered
Coolsculpt/Cryotherapy/Shockwaves/Cryotherapy	Not Covered
Cryolipolysis	Covered
Cryopen	Not Covered
Cryotherapy	Not Covered
Dental Blocks	Not Covered
Derma Pen	Not Covered
Derma Roller	Covered

Dermaplaning	Covered
Dermatology excluding skin cancer	Not Covered
Desoface / Desobody	Not Covered
Diathermy	Not Covered
Diet/Nutritional Advice	Not Covered
Distributor and product Trainer of Organic Skincare products	Not Covered
Dry Needling	Not Covered
Ear Syringing	Not Covered
E-Consultations	Not Covered
Electrolysis	Not Covered
Fat Dissolving Mesotherapy Injections (i.e. Aqualyx, Saxenda, Deso Face/ Deso Body)	Covered
First Aid - including Epipen	Not Covered
Flabjab	Not Covered
Foot Health	Not Covered
Foot Health Care	Not Covered
Fractora and Fractional Skin Resurfacing (Radiofrequency)	Not Covered
Fraxin	Not Covered
Fraxis	Not Covered
Galvanic Treatments	Not Covered
General Beauty Treatments	Not Covered
General Dental Hygienist / Dental Therapy (Less than 50% of total activities performed)	Not Covered
General Dental Nurse Duties (Less than 50% of total activities performed)	Not Covered
General Pharmacist Activities (Less than 50% of total activities performed)	Not Covered
Hair Growth/Rejuvenation using low-level light therapy	Not Covered
HIFU excluding genitalia	Not Covered
HIFU including genitalia	Not Covered
Hii Pen, Hya pen and Hyalauron Pen	Not Covered
Holistic Therapy	Not Covered
Hopi Ear Candle	Not Covered
Hyaluronidase/Hyalase	Covered
Hyperboost via Nappage	Not Covered
Hyperhydrosis	Not Covered
IM Injections	Not Covered
Intramuscular Vitamin Injections	Covered
Intravenous Vitamin Injections	Covered
IV Infusion Therapy and Vitamin B12/D Booster Injections including Biotin	Not Covered
Jalupro	Not Covered
Jalutox	Not Covered
Kenalog (Hayfever injections) (Dr, Dentist, Nurse and Pharmacist only)	Covered
Kiss and Doll	Not Covered
Laser (Non Ablative)	Not Covered
LED Light Therapy	Covered
Lidocane/Lignocaine	Not Covered
Lipo Lab	Not Covered
Lipodissolve	Not Covered
Lipolax	Not Covered
Local Anaesthetic Applications for Aesthetic Treatments	Not Covered

Luminera	Not Covered
Medical Needling/Collagen Induction Therapy including the application of topical aesthetic cream	Not Covered
Mesotherapy, all treatments	Covered
Microchanneling	Not Covered
Microdermabrasion and Hydradermabrasion	Covered
Microneedling	Covered
Micropigmentation/Microblading and SPMU including the use of topical adrenaline during the application of this treatment.	Covered
Microsclerotherapy	Not Covered
Nappage, all treatments	Not Covered
Needleshaping	Not Covered
Non-Cancerous Moles/Skin tags/Cysts/Wart/Milia, Campbell de Morgan Spots, Verrucas, Toenail Fungus, Superficial Vascular Lesions, Keloid Scars, Lentigo, Seborrheic/Actinic Keratoses, Dermatofibromas and Lipomas Removal, which will exclude all claims arising from Cancer	Covered
Non-Invasive Blepharoplasty	Not Covered
Non-Invasive Brazilian Butt Lift (BBL)	Not Covered
Non-Invasive Laser/Lipolysis Body Contouring procedures	Not Covered
Non-Surgical Blepharoplasty using Plasma Technology	Not Covered
Oral and Topical Homeopathic Remedies	Not Covered
Orlistat - (Weight Loss Prescribed Injectables - Dr/Nurse/Dentist/Pharmacist only)	Not Covered
Over the Counter Herbal and Nutritional Supplements	Not Covered
OxyJet Leo (non-intrusive concentrated oxygen pulse skin treatment)	Not Covered
Ozempic - (Weight Loss Prescribed Injectables - Dr/Nurse/Dentist/Pharmacist only)	Not Covered
Ozone Rectal Insufflation and Ozone Steam Sauna	Not Covered
Ozone Therapy	Not Covered
Pain relief injections	Not Covered
Pain relief topical numbing creams	Not Covered
Phlebotomy	Covered
Phototherapy	Not Covered
Piercing	Not Covered
Plasma Pen	Not Covered
Plasma Shower	Not Covered
PlasmaBlast (Fibroblast)	Covered
Platelet Rich Fibrin (PRF) for facial /Neck rejuvenation	Not Covered
Platelet Rich Plasma (PRP) for Facial/Neck Rejuvenation	Covered
Platelet Rich Plasma (PRP) for Scalp Hair Restoration	Not Covered
Platelet Rich Plasma (PRP) breast augmentation and genital rejuvenation. (Medical Practitioner only)	Not Covered
Platysmal Bands	Not Covered
Plexr	Not Covered
PMP Bio Stimulation	Not Covered
Prescribing Services, excluding weight loss drugs and online prescribing	Not Covered

Profilo	Not Covered
Profound RF (non surgical face lift)	Not Covered
Prolozone	Not Covered
PRX t33 Chemical Peel	Not Covered
Radio Frequency Treatments (excluding Genitalia)	Not Covered
Reiki	Not Covered
Revolax	Not Covered
Russian Lip	Not Covered
Sale of third party products	Not Covered
Sample taking via pin prick/swab/venepuncture only (Excludes any interpretation)	Not Covered
Saxenda - (Weight Loss Prescribed Injectables - Dr/Nurse/Dentist/Pharmacist only)	Not Covered
Scalp Micropigmentation/Tricopigmentation including the use of topical adrenaline during the application of this treatment	Not Covered
Sclerotherapy	Covered
Shockwave Therapy	Not Covered
Skin boosters via micro-needling / IV / injections	Covered
Skin Separation via cannulas (Dr/Nurse only)	Not Covered
Steroid-Creams/Injections to treat psoriasis, acne, eczema, onychomycosis and scarring only	Not Covered
Subcutaneous Injections of Homeopathic Remedies	Not Covered
Sugaring	Not Covered
Sunekos	Not Covered
Tattoo	Not Covered
Tattoo Lightening	Not Covered
Tattoo Removal - Non Laser	Covered
Teeth Whitening (Licensed GDC/IDC Practitioner only)	Not Covered
Thread Vein Removal	Not Covered
Training Other professional in Band A treatments	Covered
Ultrasonic Cavitation	Not Covered
Ultrasound Rejuvenation (excluding genitalia)	Not Covered
Viscoderm Hydroboosters	Not Covered
Weight Loss Prescribed Injectables i.e. Saxenda, Ozempic and Orlistat (Dr/Nurse/Dentist/Pharmacist only)	Not Covered
Weight Loss Prescribed Oral tablet form Medicine (Ozempic and Ryebelsus only) (Dr/Nurse/Dentist/Pharmacist only)	Not Covered
Xela Rederm	Not Covered
Yoga	Not Covered
Other	

BAND B – Policy Excess GBP 500 Each and Every Claim	
10+ Sunbeds	Not Covered
Dermal Fillers for Breast and Genitalia procedures (Medical Practitioner only)	Not Covered
Emsculpt	Not Covered
Glutanex	Not Covered
Mona Lisa	Not Covered
Radio Frequency for Vaginal Treatments	Not Covered
Super Hair Removal	Not Covered
Tattoo Removal - Laser	Covered
The TCA Cross Method (Medical Practitioner only)	Not Covered
Thread Lifting (Dissolvable - including PDO/Silhouette Soft/COG/Mono)	Covered
Training Other professional in Band B treatments	Covered
Ultrasound Rejuvenation (including genitalia)	Not Covered
Other	

Botulinum Toxin Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Important Condition applicable to administering of Botulinum Toxin

This is an **Important Condition** and cover under this Policy for the administering of Botulinum Toxin injections will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the Policy Period when the Named Insured is administering Botulinum Toxin injections that the following conditions are complied with:

- a) Botulinum Toxin is prescribed by a **Prescriber** and the **Prescriber** delegates the administration of the Botulinum Toxin to the **Insured**;
- b) the Botulinum Toxin will be prescribed by the **Prescriber** to the **Patient** face to face (no remote or repeat prescribing);
- c) a face to face assessment and consent of the **Patient** is undertaken by the **Prescriber**, this assessment and consent is to be recorded in writing and kept as part of the **Patient's** records;
- d) the Insured follows any specific instructions that are issued by the **Prescriber**;
- e) the Insured keeps a record of the **Prescriber's** name, registration licence number, contact details and details of the **Prescriber's** professional medical indemnity insurance cover; and
- f) full records of the above steps are retained in line with this **Policy** requirement and made available to Underwriters if required.

For the purpose of this endorsement the following definition applies:

- 1. **Prescriber** means a dentist, doctor, independent nurse prescriber or supplementary/pharmacist prescriber that is currently qualified and registered with the General Medical Council, the Irish Medical Council, General Dental Council, the Dental Council or Ireland, the Nursing and Midwifery Council and/or the General Pharmaceutical Council.

Botulinum Toxin Exclusion

This **Insurance** does not apply to **Damages** or **Claims Expenses** incurred with respect to any **Claim** or any **Inquest Costs** arising out of or resulting from the on-selling or passing on of Botulinum Toxin to other practitioners.

All other terms and conditions of this Policy remain unchanged.

Prescribing of Botulinum Toxin Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Important Condition applicable to the prescribing of Botulinum Toxin

This is an **Important Condition** and cover under this Policy for the prescribing of Botulinum Toxin injections for aesthetic purposes only will not be available unless this condition has been complied with.

1. The **Named Insured** shall ensure that throughout the Policy Period when the **Insured** is prescribing Botulinum Toxin injections for aesthetic purposes only that the following conditions are complied with:
 - a) Botulinum Toxin is prescribed by a dentist, doctor, independent nurse prescriber or supplementary/pharmacist prescriber that is currently qualified and registered with the General Medical Council, the Irish Medical Council, General Dental Council, the Dental Council or Ireland, the Nursing and Midwifery Council and/or the General Pharmaceutical Council;
 - b) The **Insured** delegates the administration or provision of the Botulinum Toxin to the **Provider**;
 - c) the Botulinum Toxin will be prescribed by the **Prescriber** to the **Patient** face to face (no remote or no repeat prescribing except for repeat prescribing occurring within six months of the previous face to face assessment and provided there are no changes to the Patient's medical history or treatment plan)
 - d) a face to face assessment and consent of the **Patient** is undertaken by the **Insured** and this assessment and consent is to be recorded in writing and kept as part of the **Patient's** records;
 - e) the Insured issues specific instructions to the **Provider** on how the Botulinum Toxin is to be provided or administered to the **Patient**;
 - f) the Insured keeps a record of the **Provider's** name, registration licence number, contact details and details of the **Provider's** professional medical indemnity insurance cover; and
 - g) full records of the above steps are retained in line with this **Policy** requirement and made available to Underwriters if required.

For the purpose of this endorsement the following definition applies:

1. **Provider** means the person providing or administering the Botulinum Toxin to the **Patient**.

Botulinum Toxin Exclusion

1. This **Insurance** does not apply to **Damages** or **Claims Expenses** incurred with respect to any **Claim** or any **Inquest Costs** arising out of or resulting from the on-selling or passing on of Botulinum Toxin to other practitioners.

All other terms and conditions of this Policy remain unchanged.

Chemical Peel Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Important Condition applicable to administering of Chemical Peels

This is an **Important Condition** and cover under this Policy for the administering of Chemical Peels will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the Policy Period when the **Insured** is administering Chemical Peels only that the following conditions are complied with:

- a) If the chemical peel is being administered by an unlicensed practitioner the strength of trichloroacetic acid (TCA) used in the chemical peel whether alone or in combination with other chemicals or solutions does not exceed 35%.
- b) If the strength of the trichloroacetic acid (TCA) to be used in the chemical peel whether alone or in combination with other chemicals or solutions exceeds 35% that the chemical peel is only performed by a licensed practitioner.

All other terms and conditions of this Policy remain unchanged.

Healthcare Communicable Disease Exclusion

This endorsement modifies insurance provided under the following:

BEAZLEY MEDICAL MALPRACTICE INSURANCE

In consideration of the premium charged for the Policy, it is hereby understood and agreed that:

1. The following exclusion is added to Clause Beazley **V. EXCLUSIONS APPLICABLE TO ALL INSURING AGREEMENTS:**

Communicable Disease

arising out of or resulting from the actual or alleged transmission of or exposure to a **Communicable Disease**.

2. For the purposes of this endorsement the following definition is added:

Communicable Disease means an illness caused by an infectious agent or its toxic products, including but not limited to bacteria and virus, and that occurs through the transmission of the infectious agent or its toxic products from an infected individual or via an animal, vector or the inanimate environment to a susceptible animal or human host. Examples of **Communicable Diseases** are, including but not limited, HIV/AIDS, Hepatitis, Sexually Transmitted Diseases, Ebola and Tuberculosis.

All other terms and conditions of the Policy remain unchanged.

Named Insured Facilities Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Named Insured Facilities Definition

Section II, Definitions Named Insured's Facilities is deleted and replaced with the following:

Named Insured's Facilities means all locations at which the **Insured's Business** is rendered, or fail to be rendered, by an **Insured**, acting within the scope of that person's duties to the **Named Insured**.

All other terms and conditions of this Policy remain unchanged.

Patch Test Condition

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Patch Test Condition

The **Named Insured** shall ensure that throughout the **Policy Period** a patch test is undertaken and recorded within the **Patient's** record at least 24 hours prior to any treatment when:

- a) A patch test is standard practice for the treatment being undertaken and/or
- b) A patch test is specified by the manufacturer's instructions;

and, where one or more of the following applies:

- c) The treatment is a new course of treatment for the **Patient**;
- d) The area to be treated on the **Patient** is a new area which has not previously received the treatment;
- e) A new type of laser has been installed or the brand of product used has changed in the middle of a course treatment;
- f) The **Patient's** medical history has changed; or
- g) There has been a change to treatment parameters where the increase ratio levels are not in accordance with the **Named Insured's** practice guidelines and manufacturer's instructions.

If this condition is not complied with this may affect the cover available under the Policy.

All other terms and conditions of this Policy remain unchanged.

Student Supervision Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

Definitions

For the purpose of this endorsement the following definition applies:

Qualified Practitioner means a person who has undertaken the relevant training to teach and supervise others and has a minimum of two years practical experience.

Student Supervision Condition

This is an **Important Condition** and cover under this Policy will not be available unless this condition has been complied with.

The **Named Insured** shall ensure that throughout the **Policy Period** the following condition is complied with:

- a) All students must be under the direct supervision of a **Qualified Practitioner** and/or registered medical practitioner at all times.

All other terms and conditions of this Policy remain unchanged.

Teaching or School Programme Endorsement

This endorsement modifies the Medical Malpractice Insurance Policy and shall be read as if incorporated within it.

It is understood and agreed that:

1. The **Insured's Business**, in addition to description specified at Item 10. of the Schedule, includes teaching apprenticeships or school programmes (including provision of work experience)
2. The definition of **Insured** is amended with the addition of the following:
 5. any student or apprentice but only when performing treatment on **Patients** at the **Named Insured's Facilities**
3. Provided that cover will only be provided for these activities specified in this endorsement if the following conditions are complied with:
 - a. the **Insured** must at all times be fully supervised by a **Qualified Practitioner**;
 - b. **Patients** must be informed that they are receiving treatment as part of the **Insured's** training; and
 - c. any models undergoing treatment as part of the **Insured's** training must sign a waiver/consent form.
4. A definition of **Qualified Practitioner** is added:

Qualified Practitioner means a person who has undertaken the relevant training to teach and supervise others and has a minimum of two years practical experience.

All other terms and conditions of this Policy remain unchanged.

Data protection short form notice

Your personal information notice

Who we are

We are the insurers identified in the contract of insurance and/or in the certificate of insurance.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us on DPO@beazley.com or the agent or broker that arranged this insurance.

(LMA9151)
25 April 2018