

BEAUTY THERAPISTS PROPOSAL FORM

IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

A. Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

B. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a “Claims made and Notified” basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy’s “retroactive date” where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

C. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

D. Privacy Statement

Berkley Insurance Australia handles your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at www.berkleyinaus.com.au

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at www.berkleyinaus.com.au

Contact Details

Berkley Insurance Australia

Level 23, 31 Market Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

Email: australia@berkleyinaus.com.au

Web site: www.berkleyinaus.com.au

SECTION 1 – GENERAL DETAILS

1. Please provide the following details:

Name of proposer(s) to be covered	ABN	Date established

2. Main address of the proposer and any other addresses:

Principal address:

Other addresses:

Email address:

Website address:

3. Individual, partner, principal, director, consultant, therapists details:


Name	Age	Qualifications	Date(s) Qualified	Length of Service	
				This practice	Previous practice


Please attach CV where the proposer has been established less than 3 years and/or where any individual has no relevant qualifications.

4. Number of employees split between the following:

Principals/Directors
 Qualified Staff
 Administrative
 Other (specify)
 Total

5. Is the proposer connected or associated (financially or otherwise) with any other entity?

No Yes  If yes, is cover required for any work undertaken for any associated entity?

No Yes  If yes, please provide full details including nature of the work undertaken and income derived:

6. During the past 6 years has the proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

No Yes

If yes, please provide details:

SECTION 2 – THE BUSINESS: WORK UNDERTAKEN

1. Please provide the proposer's turnover in each of the financial years derived from clients based in:

	Last Financial Year Ended __/__/__	Current Financial Year Ending __/__/__	Coming Financial Year Ending __/__/__
Australia			
Elsewhere			
Total			

2. If fees/income are/is declared as derived from clients based "Elsewhere" please provide details including territories involved and income derived.

3. Please give a **percentage split totalling 100%** of which state(s) generate the proposer's income.

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S

4. Is the proposer aware of any change in activity/structure that will occur in the coming financial year?

No Yes

If yes, please provide details.

5. Is the proposer a member of a consortium or has the proposer entered into a joint venture agreement?

No Yes

If yes, please provide details:

6. Please state the percentage of the Insured's turnover for the last 12 months and the next 12 months that was derived from the following type of work:

Type of work	% last 12 months	% next 12 months	Tick if the insured has done this type of work in the past
Acid or chemical peels up to a strength of 40%			<input type="checkbox"/>
Acid or chemical peels up to a strength of 60%			<input type="checkbox"/>
Body Piercing (excluding genitalia and tongue)			<input type="checkbox"/>
Body Wrapping			<input type="checkbox"/>
Calendula Eye Baths			<input type="checkbox"/>
Cosmetic Injectables (Botox / Juvaderm etc)			<input type="checkbox"/>
Cosmetic tattoo / micropigmentation			<input type="checkbox"/>
Dermatherapy			<input type="checkbox"/>
Diathermy			<input type="checkbox"/>
Ear Candling			<input type="checkbox"/>
Electrical Epilation			<input type="checkbox"/>
Electro Collagen Therapy			<input type="checkbox"/>
Electro Proration Treatment			<input type="checkbox"/>
Electrolysis			<input type="checkbox"/>
Epidermal Levelling			<input type="checkbox"/>
Eyebrow Shaping / Threading / Tinting			<input type="checkbox"/>
Eyelash Extension / Tinting			<input type="checkbox"/>
Facials			<input type="checkbox"/>
Fat Reduction Laser / Galvanic			<input type="checkbox"/>
Gua Sha			<input type="checkbox"/>
Hair Transplant Services			<input type="checkbox"/>
High Frequency Facial			<input type="checkbox"/>
Laser Tattoo Removal			<input type="checkbox"/>
Laser Hair Removal			<input type="checkbox"/>
Intense Pulse Light (IPL/VPL)			<input type="checkbox"/>

Type of work	% last 12 months	% next 12 months	Tick if the insured has done this type of work in the past
Light Heat Therapy / Light Therapy			<input type="checkbox"/>
Make Up			<input type="checkbox"/>
Manicure / Pedicure / Shellac / Ion Foot Spa			<input type="checkbox"/>
Massage			<input type="checkbox"/>
Mesotherapy			<input type="checkbox"/>
Microcurrent Treatment			<input type="checkbox"/>
Microdermabrasion			<input type="checkbox"/>
Microsclerotherapy			<input type="checkbox"/>
Milia Extractions			<input type="checkbox"/>
Non-Laser Tattoo Removal			<input type="checkbox"/>
Non-Surgical Facelift			<input type="checkbox"/>
Oxygen Therapy			<input type="checkbox"/>
Paraffin Wax Treatment			<input type="checkbox"/>
Plasma Skin Resurfacing			<input type="checkbox"/>
Product Sales			<input type="checkbox"/>
Radio & Ultrasonic Skin Treatments			<input type="checkbox"/>
Reflexology			<input type="checkbox"/>
Sauna (including infrared)			<input type="checkbox"/>
Skin Needling			<input type="checkbox"/>
Spray Tan			<input type="checkbox"/>
Teeth Whitening			<input type="checkbox"/>
Vibrosaun			<input type="checkbox"/>
Waxing / Alkaline Hair Removal			<input type="checkbox"/>
Whole Body Vibration Therapy			<input type="checkbox"/>
Other			<input type="checkbox"/>

SECTION 3 – THE BUSINESS: INJECTABLES

- Please provide details of all injectables used.

2. Are all injectables prescribed by an Australian registered doctor?

No Yes If no, who is prescribing them?

3. Are all cosmetic injections performed by a registered nurse or doctor?

No Yes If no, who is performing them?

SECTION 4 – THE BUSINESS - LASER OR INTENSE PULSE LIGHT TREATMENTS

1. Do you provide any form of laser or intense pulse light treatments?

No Yes If yes, please answer the following questions:

2. Please detail all the services provided by you or your contractors that use laser or IPL?

3. Please list qualifications and relevant experience for all staff or contractors performing laser or IPL treatments and provide copies of their qualifications


4. How do you determine the client's skin type for any laser or IPL treatment?

5. Please detail step by step the patch testing procedures for any laser or IPL treatment?

6. Please provide copies of the following:

- a) your risk management procedures for laser and IPL services (this can be a day to day salon management and/or safety protocol)
- b) new client information/medical history forms that are completed by your laser and/or IPL clients
- c) consent forms that are completed by your laser and/or IPL clients.
- d) ongoing treatment forms including what information you obtain before each subsequent treatment.


7. Do you provide any laser or IPL treatments on skin types 5 and/or 6 on the Fitzpatrick Scale?

No Yes 

8. What machines are used in the laser and IP treatments (make and model)?

SECTION 5– THE BUSINESS: RISK MANAGEMENT


1. Is the proposer a member of any Association or accredited to any quality systems such as the ISO9000?

No Yes  If yes, please provide details:


2. Do all practitioners carry the minimum qualifications required?

No Yes  If no, please provide details:

3. Do you obtain medical history or client information in all cases?

No Yes  If no, please provide details:

4. Do you use informed consent?

No Yes 

If yes, please provide details:

5. If the proposer is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday?

6. Does the proposer have written procedures or checklists for the services performed?

No Yes 

If yes, please provide details:

7. Does the proposer subscribe to any form of Continuing Professional Development or Education?

No Yes 

If yes, please provide details:

8. Does the proposer always obtain satisfactory written references when engaging employees?

No Yes 

If yes, please provide details:

9. Does the proposer ensure that any outside consultants engaged carry their own Professional Indemnity Insurance?

No Yes 


If yes, please provide details:

SECTION 6 – PUBLIC & PRODUCTS LIABILITY INSURANCE

Please only complete this section if you require Public & Products Liability Insurance.

1. What percentage of your turnover is derived from the sale of products?

2. Do you manufacture, alter, repair, repackage or any products?

No Yes 

If yes, please provide details (please attach a separate piece of paper if necessary):

3. If you import products, please provide details of products and revenue generated:

4. If you have exports, please provide details by product and revenue generated:

5. Do you have property in your care, custody or control?

No Yes 

If yes, please provide brief details including the total value of the property:


6. Have any products been the subject of a recall notice in the past 5 years?

No Yes 

If yes, please provide details:

SECTION 6 - CLAIMS

1. After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person?

No Yes 

If yes, please provide details (please attach a separate piece of paper if necessary):

2. After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee?

No Yes 

If yes, please provide details:

3. After full enquiry, has any claim been made against the proposer's business or any principal, partner, director, or employee whilst in this or any other business?

No Yes 

If yes, please provide details (please attach a separate piece of paper if necessary):

Date matter notified	Insurer	Claimant (or potential claimant)	Brief description	Amount paid including legal costs	Estimate of liability if not paid	Finalised or open

4. After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director, or employee whilst in this or any other business?

No Yes 

If yes, please provide details:


5. After full enquiry has any principal, partner, director or employee been subject to any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business?

No Yes 

If yes, please provide details:

SECTION 7 – INSURANCE COVERAGE

1. Does the proposer currently have Professional Indemnity Insurance in force for the activities for which cover is being sought?

No Yes 

If yes, please advise the following details:

Insurer:

Limit:

Excess:

Renewal date:

Number of years cover has been continuously in force:

2. Has any proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

No Yes 

If yes, please provide details:

SECTION 8 – INSURANCE REQUIRED

Please indicate the limit of indemnity you require and the excess you would prefer (Note: an excess will apply).

1. Limit of indemnity:

a) \$1,000,000

b) \$2,000,000

c) \$5,000,000

d) Other (specify)

2. Excess:

e) \$1,000

f) \$2,000

g) \$5,000

h) Other (specify)

SECTION 9 – DECLARATION

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into (up to and including the policy inception date).

By completing and signing this Proposal you acknowledge, accept and agree that in underwriting and issuing a policy (including replacement policies) BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

____ / ____ / 20____

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

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