



Professional Insurance Portfolio
Medical malpractice – complementary medicine and beauty
 Proposal form

The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.

You must complete the General information section, the Claims section and read and sign the Declaration.

General information

Full name of the Insured:

Main address:

Trading name (if different from the above):

Date of birth:

Total income

	Current year	Forthcoming year
Estimated annual income excluding sale of goods	£	£

Please state the approximate number of treatments/ sessions/ consultations:

Last year:

Current year:

Acceptable therapies

Complementary therapies

- | | | | |
|--|--------------------------|--|--------------------------|
| <input type="checkbox"/> Aromatherapy | <input type="checkbox"/> | <input type="checkbox"/> Hypnotherapy | <input type="checkbox"/> |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> | <input type="checkbox"/> Iridology | <input type="checkbox"/> |
| <input type="checkbox"/> Aerobics Instructor | <input type="checkbox"/> | <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Alexander Technique | <input type="checkbox"/> | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> | <input type="checkbox"/> La Stone Therapy | <input type="checkbox"/> |
| <input type="checkbox"/> Auricular Detox | <input type="checkbox"/> | <input type="checkbox"/> Life Coaching | <input type="checkbox"/> |
| <input type="checkbox"/> Ayurveda | <input type="checkbox"/> | <input type="checkbox"/> Lymphatic Drainage | <input type="checkbox"/> |
| <input type="checkbox"/> Baby Massage | <input type="checkbox"/> | <input type="checkbox"/> Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Bach Flower Remedies | <input type="checkbox"/> | <input type="checkbox"/> McTimoney Method of Chiropractice | <input type="checkbox"/> |
| <input type="checkbox"/> Bowen Technique | <input type="checkbox"/> | <input type="checkbox"/> Naturopathy | <input type="checkbox"/> |
| <input type="checkbox"/> Bio-Magnetic Technique | <input type="checkbox"/> | <input type="checkbox"/> Nutritional Therapy | <input type="checkbox"/> |
| <input type="checkbox"/> Biofeedback | <input type="checkbox"/> | <input type="checkbox"/> On-Site Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Crystal Therapy | <input type="checkbox"/> | <input type="checkbox"/> Pilates | <input type="checkbox"/> |
| <input type="checkbox"/> Colour Therapy | <input type="checkbox"/> | <input type="checkbox"/> Psychology | <input type="checkbox"/> |
| <input type="checkbox"/> Craniosacral Therapy | <input type="checkbox"/> | <input type="checkbox"/> Rebirthing | <input type="checkbox"/> |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> | <input type="checkbox"/> Relaxation Therapy | <input type="checkbox"/> |
| <input type="checkbox"/> Cupping | <input type="checkbox"/> | <input type="checkbox"/> Reiki | <input type="checkbox"/> |
| <input type="checkbox"/> Dowsing for Stress relief | <input type="checkbox"/> | <input type="checkbox"/> Rolfing | <input type="checkbox"/> |
| <input type="checkbox"/> Exercise Instructors | <input type="checkbox"/> | <input type="checkbox"/> Shiatsu Sports Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Electro Crystal Therapy | <input type="checkbox"/> | <input type="checkbox"/> Sports Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Energy Balancing | <input type="checkbox"/> | <input type="checkbox"/> Sports Therapist | <input type="checkbox"/> |
| <input type="checkbox"/> Equine Massage | <input type="checkbox"/> | <input type="checkbox"/> Stress Control/Management | <input type="checkbox"/> |
| <input type="checkbox"/> Gym Instructors/Personal Trainers | <input type="checkbox"/> | <input type="checkbox"/> Swedish Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Herbalism | <input type="checkbox"/> | <input type="checkbox"/> Thai Massage | <input type="checkbox"/> |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> | <input type="checkbox"/> Thai Chi | <input type="checkbox"/> |
| <input type="checkbox"/> Hopi Ear Candles | <input type="checkbox"/> | <input type="checkbox"/> Touch for Health | <input type="checkbox"/> |
| <input type="checkbox"/> Yoga | <input type="checkbox"/> | | |



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Beauty therapies

Body Wrapping	<input type="checkbox"/>	Nail Art	<input type="checkbox"/>
Ear Piercing	<input type="checkbox"/>	Nail Extensions	<input type="checkbox"/>
Electrical Epilation (Electrolysis)	<input type="checkbox"/>	Pedicure	<input type="checkbox"/>
Eyebrow Tinting /Shaping	<input type="checkbox"/>	Qui Gong (Non Contact)	<input type="checkbox"/>
Eyelash Tinting	<input type="checkbox"/>	Red Vein Treatments	<input type="checkbox"/>
False Eyelash Application	<input type="checkbox"/>	Sugaring	<input type="checkbox"/>
Hairdressing excl. hair extensions	<input type="checkbox"/>	St Tropez Tan/Spray on tans	<input type="checkbox"/>
Manicure	<input type="checkbox"/>	Waxing	<input type="checkbox"/>
Facial inc use of Galvanic Faradic and High Frequency Equipment	<input type="checkbox"/>	Facial Peels (Glycolic under 40% strength)	<input type="checkbox"/>

Qualifications

Where and when did you qualify? Please provide a copy of your certificates/diplomas with the proposal form.

Registration

Are you a member of any professional organisation, or registered with any self regulating body? Yes No

If Yes, please give details:

General

Are you employed by any individual or firm? Yes No

If Yes, please give details:

Records

Please confirm that all records, to date, and in the future will be maintained for at least 10 years? Yes No

Claims

Please complete the claims questions for any risk now to be insured under the following insurance covers.

Are you aware of any shortcoming in your work that could lead to a claim against you? This could include

- a shortcoming which you cannot reasonably put right
- a complaint about your work or anything you have supplied which cannot be immediately resolved

Yes No

Are you aware of any loss from the suspected dishonesty or malice of any employee or self-employed freelancer?

Yes No

Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or insolvent or made arrangements with creditors?

Yes No

Has any Insurer ever cancelled, your medical malpractice/professional indemnity policy, declined/refused to renew, or only accepted the risk at a special terms?

Yes No



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Individual therapists

Individual therapists - malpractice, public and products liability

The limit of indemnity is in the aggregate with costs inclusive, premiums include IPT,
 Payments can be made by interest free monthly direct debits.
 The excess is £250.

	Limit of indemnity £500,000			Limit of indemnity £1,000,000		
		Annual	Monthly		Annual	Monthly
Complementary therapist	<input type="checkbox"/>	£200	£16.67	<input type="checkbox"/>	£250	£20.83
Beauty therapist	<input type="checkbox"/>	£250	£20.83	<input type="checkbox"/>	£300	£25.00

If you are practicing both complementary and beauty therapies please use the beauty therapy category

Clinics

Complementary/beauty clinics - Malpractice only

The limit of indemnity is in the aggregate with costs inclusive, premiums include IPT.
 Payments can be made by interest free monthly direct debits.
 The excess is £1,000.

Turnover	Limit of indemnity £1,000,000			Limit of indemnity £2,000,000			Limit of indemnity £3,000,000		
		Annual	Monthly		Annual	Monthly		Annual	Monthly
Nil - £25,000	<input type="checkbox"/>	£500	£41.67	<input type="checkbox"/>	£600	£50.00	<input type="checkbox"/>	£780	£65.00
£25,001 - £50,000	<input type="checkbox"/>	£625	£52.08	<input type="checkbox"/>	£750	£62.50	<input type="checkbox"/>	£815	£67.92
£50,001 - £75,000	<input type="checkbox"/>	£750	£62.50	<input type="checkbox"/>	£900	£75.00	<input type="checkbox"/>	£1,170	£97.50
£75,001 - £100,000	<input type="checkbox"/>	£900	£75.00	<input type="checkbox"/>	£1,100	£91.67	<input type="checkbox"/>	£1,175	£97.92

The premiums stated above apply only if you have not answered 'Yes' to any of the claims questions. If you have answered 'Yes' to any of the claims questions please provide further details below:

Start date required



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Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data Protection

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of principal/partner/director

Date

Complaints

A copy of this proposal should be retained for your records.

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX