



**ASR** Underwriting Agencies

# Proposal Form

PUBLIC & PRODUCTS LIABILITY INSURANCE

**BEAUTY PROFESSIONALS**

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's

## IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM. This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Liability Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal. Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

## 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, 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.

## PRIVACY

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure. For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website [www.asruw.com.au](http://www.asruw.com.au)

## EXCESS

The policy provides that You will be required to bear a specified amount of all claims and this is for each and every claim made against You including defence costs. We will let You know when the excess is payable.

## YOUR LEGAL LIABILITY

If you take out a Liability cover section, the financial risk of court awards through litigation is ever increasing and we recommend that You select a Limit of Liability that takes into account the future cost of claims including legal fees and costs of defence. Even higher limits are available than your current limit if required. Defence costs are included within the limit of liability, when you take out a Liability cover section.

## WAIVER OF RIGHTS

If You have entered into an agreement with another party, which prevents your Insurer from taking recovery action for compensation from that party it may affect Your rights to cover under this Policy. Should You now be a party to such an agreement or be requested to enter such an agreement in the future, please advise your Broker in writing so we may notify the Insurer.

## BROKER DETAILS

Broker Name		Contact Name	
Phone Number		Fax Number	
Email Address			

## INSURED & OPERATIONAL INFORMATION

Insured entity										
ABN		Contact name			Contact number					
Address of practice				State			Postcode			
Website address										
On what date was the company first established/commenced trading?										
<b>Turnover</b>			Actual turnover last 12 months				\$			
			Estimated turnover next 12 months				\$			
<b>Staff</b>			Number of Principals							
			Number of Employees							
			Number of Contractors							
			Total Staff numbers							
Number of qualified employees			Other (please specify)							
<b>Particulars of qualified staff</b>										
Name		Age	Qualifications				Year Qualified	Registered Body		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
Show percentage of work performed in each state:			NSW	%	ACT	%	QLD	%	WA	%
			VIC	%	TAS	%	SA	%	NT	%
Do you require contractors to carry their own health professionals policy?								<input type="checkbox"/> Yes <input type="checkbox"/> No		

## RISK INFORMATION

Do all practitioners carry the minimum qualifications required?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you provide any form of laser or intense pulse light treatments?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you obtain medical history or client information in all cases? If no, please list the activities you do not require this for:								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you use informed consent?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you manufacture, alter, repair, repackage or import any products?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please note cover is not automatically provided for importing or manufacturing products</b>									
What percentage of your turnover is derived from the sale of products?								%	
If you or your contractors perform cosmetic injectables, please provide a full list of injectables used. (Botox, Juverderm, Juverderm Ultra XC, Dysport etc.)									
If you or your contractors perform cosmetic injectables, are all injectables prescribed by an Australian registered Doctor? If no, please confirm who is prescribing them:								<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you or your contractors perform cosmetic injectables, are all cosmetic injections performed by a qualified nurse or doctor? If no, please confirm details:

**Please tick beside each of the modalities undertaken by you or your contractors:**

<input type="checkbox"/>	Acid or chemical peels up to a strength of 40%	<input type="checkbox"/>	Light Heat Therapy / Light Therapy
<input type="checkbox"/>	Acid or chemical peels up to a strength of 60%	<input type="checkbox"/>	Make Up
<input type="checkbox"/>	Body Piercing (excl. genitalia & tongue)	<input type="checkbox"/>	Manicure / Pedicure / Shellac / Ion Foot Spa
<input type="checkbox"/>	Body Wrapping	<input type="checkbox"/>	Massage
<input type="checkbox"/>	Calendula Eye Baths	<input type="checkbox"/>	Mesotherapy
<input type="checkbox"/>	Cosmecanique	<input type="checkbox"/>	Microcurrent Therapy
<input type="checkbox"/>	Cosmetic Injectables (Botox / Juverderm etc)	<input type="checkbox"/>	Microdermabrasion
<input type="checkbox"/>	Cosmetic Tattoo / Micropigmentation	<input type="checkbox"/>	Microsclerotherapy
<input type="checkbox"/>	Dermatherapy	<input type="checkbox"/>	Milia Extractions
<input type="checkbox"/>	Dyathermy	<input type="checkbox"/>	Non-Laser Tatto Removal
<input type="checkbox"/>	Ear Candling	<input type="checkbox"/>	Non-Surgical Facelift
<input type="checkbox"/>	Electrical Epilations	<input type="checkbox"/>	Oxygen Therapy
<input type="checkbox"/>	Electro Collagen Therapy	<input type="checkbox"/>	Paraffin Wax Treatment
<input type="checkbox"/>	Electro Proration Treatment	<input type="checkbox"/>	Plasma Skin Resurfacing
<input type="checkbox"/>	Electrolysis	<input type="checkbox"/>	Radio & Ultrasonic Skin Treatments
<input type="checkbox"/>	Epidermal Levelling	<input type="checkbox"/>	Reflexology
<input type="checkbox"/>	Eyebrow Shaping / Threading / Tinting	<input type="checkbox"/>	Sauna (including infrared)
<input type="checkbox"/>	Eyelash Extension / Tinting	<input type="checkbox"/>	Skin Needling
<input type="checkbox"/>	Facials	<input type="checkbox"/>	Spray Tan
<input type="checkbox"/>	Fat Reduction Laser / Galvanic	<input type="checkbox"/>	Teeth Whitening
<input type="checkbox"/>	Gua Sha	<input type="checkbox"/>	Vibrosaun
<input type="checkbox"/>	Hair Transplant Services	<input type="checkbox"/>	Waxing / Alkaline Hair Removal
<input type="checkbox"/>	High Frequency Facial	<input type="checkbox"/>	Whole Body Vibration Therapy
<input type="checkbox"/>	Laser Tattoo Removal	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Laser Hair Removal	<input type="checkbox"/>	Other:

## LIABILITY REQUIREMENTS

If you currently have a beauty professionals policy in place please provide details:

Insurer	Limit of Indemnity	Excess	Expiry Date
Please indicate the limit of indemnity required:			
<b>Professional Liability</b>	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000
	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$20,000,000
<b>Public Liability &amp; Goods Sold</b>	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> Other: \$

## INSURANCE HISTORY

Have you ever:	Had an insurer decline your insurance proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer impose special terms or conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had an insurer cancel your insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been convicted of a criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No

