



Cosmetic Nurse and Beauty Therapy
Professional Indemnity & Public-
Product Liability Insurance
Application Form for Individual
Nurses or Therapist Businesses



Important Information

Important Facts Relating To This Proposal Form - You should read the following advice before proceeding to complete this proposal form.

This insurance is arranged by Insurance Cover Agency Pty Ltd ABN 98 638 513 934 t/as Cosmetic Nurse Insurance Hub. Authorised Representative Number 1284487 an Authorised Representative of PSC Connect Pty Ltd ABN 21 141 574 914 AFS 344648.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter

- a) that diminishes the risk to be undertaken by the insurer;
- b) that is of common knowledge;
- c) that your insurer knows or, in the ordinary course of his business, ought to know;
- d) as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims Made and Notified Basis of Coverage

The Professional Indemnity and Liability Insurance Policy is issued on a 'Claims Made and Notified' basis. This means that the Insuring Clause responds to:

- a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you.

Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of the insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.



Details about you

Your name: _____ ABN: _____

Business or Trading Name: _____

Business Address: _____

Postal Address: As above OR _____

Phone: _____ Mobile: _____

Your email: _____ Years Operating: _____

Your insurance requirements

Please select all categories from the below table that best describes your activities

Cosmetic Injectables ie toxin, filler, fat dissolve	IV Infusions
Laser treatments/IPL/VPL	Skin Needling
PRP	Dermabrasion
Plasma Pen	Facials
Skin Peels	HIFU
Cosmetic tattooing	LED Light Therapy
Fat freezing	Radio Frequency/micro current
PDO Mono Threads	COG/Barbed/Lifting Threads

Other – if so, provide details below

Qualification:	Nurse Practitioner	Registered Nurse	Enrolled Nurse	Dermal Therapist	Beauty Therapist
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Please select your required Professional Indemnity Limit

\$1 million \$2 million \$5 million \$10 million \$20 million

Please select your required Public and Product Liability Limit

\$10 million \$20 million

For your activities

a) Do you possess the necessary qualifications and hold the appropriate registrations / certification (where required) to perform the services selected in this proposal?	Yes	No
b) Does your chosen category / categories accurately reflect your activities and services?	Yes	No
c) Do you obtain medical history or client information in all cases?	Yes	No
d) Do you obtain informed consent in all cases?	Yes	No
e) Do you manufacture, alter, repair, repackage or import any products	Yes	No

Note: Do not tick Yes due to reconstitution of injectables

Claims and Disclosure Questions

- Had an application for insurance declined, been refused renewal or had an insurance policy terminated? Yes No
- Required an increased premium or imposed special conditions? Yes No
- Been declined an insurance claim by you or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No
- Has any claim been made against you in respect of the risks to which this proposal relates? Yes No
- Have you incurred any other loss or expense which might be within the terms of this cover? Yes No

Note: If you have answered **Yes** to any of the above question, please give details below:

Are you aware of any circumstances which might:

- give rise to a claim against you or your predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes No
- result in you or your predecessors in business or any of the present or former partners, directors, consultants, employees, or principals incurring any losses or expenses which might be within the terms of this cover? Yes No
- otherwise affect the Insurer's consideration of this Insurance? Yes No

Note: If you have answered **Yes** to any of the above question, please give details below:



Please provide an estimate percentage of your activities (based on income) in each state/territory below - needs to total 100%

NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%

Declaration

I, the undersigned duly authorised person(s) declare that:

- i. I am the Proposer named on this Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Proposal Form has been withheld; and
- iv. I have read the important facts which you have put before me and I understand the advice given in relation to the duty of disclosure; and
- v. I have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure; and
- vi. I understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I undertake to inform the Insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me in relation to this insurance.

Name:

Signature:

Date:

Date cover to commence:

Interested Party (if applicable):
