THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Beauty Therapists

Insurance Proposal

A YOUR DETAILS

1. Insured Entity:

2. ABN:

3. Web Address:

4. Address:

5. Date of Commencement of business:

6. Contact Name:

7. Contact Number:

B TURNOVER

1. Actual last 12 months

2. Estimated next 12 months

C STAFF

1. Please complete the table by listing individual, partner, principal, director, consultants details:

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

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

2. Please enter the number of employees split between the:

Principals / Directors	Qualified Staff	Administrative	Other (Please Specify)	Total

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3. Please provide the breakdown of income by State:

VIC	NSW	ACT	QLD	TAS	SA	NT	WA	Overseas	Total

4. Do you require contractors to carry their own health professional's policy? ☐ YES ☐ NO

D RISK INFORMATION

1. Do you provide any form of laser or intense pulse light treatments? ☐ YES ☐ NO

   *If **Yes,** please complete the attached Laser/IPL Addendum*

2. *D*o you obtain medical history or client information in all cases? ☐ YES ☐ NO

   *If **No,** please list the activities you do not require this for*

3. *D*oes the client provide aftercare/post treatment instructions to all customers? ☐ YES ☐ NO

   *If **No,** please list all the activities you do not require this for*

4. *D*o you use informed consent? ☐ YES ☐ NO

5. Do you manufacture, alter, repair, repackage, or import any products? ☐ YES ☐ NO

   *Please note, cover is **not** automatically provided for importing or manufacturing products*

6. *W*hat percentage turnover is derived for the sale of products? ____ %

If you perform cosmetic injectables please answer Questions 7 to 9, otherwise please proceed to Section E.

7. *A*re all injectables TGA approved? ☐ YES ☐ NO

8. Please provide a full list of injectables used (Botox, Juvederm Ultra XC, Dysport, etc)

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9. (a) Are all cosmetic injections performed by a qualified nurse or doctor? ☐ YES ☐ NO

*If **No,** please confirm who is performing them*

(b) Are all cosmetic injectables prescribed by an Australian registered doctor? ☐ YES ☐ NO

*If **No,** please confirm who is prescribing them*

E BUSINESS MODALITIES

1. *P*lease insert the percentages for reach of the business modalities undertaken by you

*Please note, table must total **100%***

Acid or Chemical Peels up to strength of 40%		Light Heat Therapy / Light Therapy	
Acid or Chemical Peels up to strength of 60%		Make Up	
Body Piercing (excluding. Genitalia or Tongue)		Manicure / Pedicure / Shellac / Ion Foot Spa	
Body Wrapping		Massage	
Calendula Eye Baths		Mesotherapy	
Cosmecanique		Microcurrent Treatment	
Cosmetic Injectables (Botox, Juvéderm etc.) / IV Therapy		Microdermabrasion	
Cosmetic Tattoo / Micropigmentation		Microsclerotherapy	
Dermatherapy		Milia Extractions	
Dyathermy		Non-Laser Tattoo Removal	
Ear Candling		Non-Surgical Facelift	
Electrical Epilations		Oxygen Therapy	
Electro Collagen Therapy		Paraffin Wax Treatment	
Electro Proration Treatment		Plasma Skin Resurfacing	
Electrolysis		Radio & Ultrasonic Skin Treatments	
Epidermal Levelling		Reflexology	
Eyebrow Shaping / Threading / Tinting		Sauna (Including Infrared)	
Eyelash Extensions / Tinting		Skin Needling	
Facials		Spray Tan	
Fat Freezing (Cryolipolysis)		Teeth Whitening	
Fat Reduction Laser / Galvanic		Vibrosaun	
Gua Sha		Waxing / Alkaline Hair Removal	
Hair Transplant Services		Whole Body Vibration Therapy	
High Frequency Facial		Other:	
HIFU		Other:	
Laser Hair Removal		Other:	
Intense Pulse Light (IPL / VPL)		Other:	
Laser Tattoo Removal		Other:	

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2. Do you offer any training for the above activities / services? ☐ YES ☐ NO
   *If **Yes,** please provide details*

3. Is all equipment used TGA approved / meet relevant Australian Standards and Compliance? ☐ YES ☐ NO

4. Is all equipment purchased from local suppliers? ☐ YES ☐ NO
   *If **No,** please confirm details*

5. Is all equipment used and maintained according to the manufacturer's instructions? ☐ YES ☐ NO

F INSURER LIMIT OF INDEMNITY EXCESS EXPIRY DATE

1. Please indicate the limit of Indemnity required

(a) Please advise limit(s) required for Coverage Section A (Civil Liability)

$100,000		$5,000,000	
$250,000		$10,000,000	
$500,000		$15,000,000	
$750,000		$20,000,000	
$1,000,000		Other Please Specify	
$2,000,000			

(b) Please advise limit(s) required for Coverage Section B (Public & Products Liability)

$100,000		$5,000,000	
$250,000		$10,000,000	
$500,000		$15,000,000	
$750,000		$20,000,000	
$1,000,000		Other Please Specify	
$2,000,000			

(c) Please advise excess(es) required

$1,000		$20,000	
$2,000		$2,000,000	
$5,000		Other Please Specify	
$10,000			

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G INSURANCE COVERAGE

1. Have you ever had an insurer:

   (a) Decline your insurance proposal? ☐ YES ☐ NO

   (b) Impose special terms or conditions? ☐ YES ☐ NO

   (c) Cancel your insurance? ☐ YES ☐ NO

2. Have you ever:

   (a) Been convicted of a criminal offence? ☐ YES ☐ NO

   (b) Declared bankrupt ☐ YES ☐ NO

H CLAIMS INFORMATION

1. In the past 10 years have any claims made against you or your principals for Professional Liability or Public Liability, or have any circumstances been notified to the insurers that might give rise to a claim? ☐ YES ☐ NO

2. After making appropriate enquiries are there any facts or circumstances with you, your principals or employees are aware of that may give rise to a claim under this policy? ☐ YES ☐ NO

3. Have you, your principals or your employees ever been subject to disciplinary proceedings for professional misconduct or unsatisfactory professional conduct by a professional society or statutory body? ☐ YES ☐ NO

4. Have you, your principals or employees ever been the subject of a complaint to a professional society or statutory registration board that required a response? ☐ YES ☐ NO

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5. *If **Yes,** to any questions from **Section G or H,** please provide full details of the matter including the following details:*
   - *Insurer*
   - *Date of Incident*
   - *Whether the matter open is closed*
   - *Amount paid / reserve*
   - *Steps client has taken to prevent a similar matter from re-occurring*
   - *Full Claims history on insurer letterhead*

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured (s) to make this proposal.
- I have read and understood the Important Notices and accompanying this proposal
- I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I confirm that the contents of this proposal are true and complete.
- I understand that until a contract of insurance is entered in to, I am under continuing obligation to immediately inform ProRisk of any change to the information contained in this proposal.
- I acknowledge that if a contract of insurance is entered in to this proposal and any accompanying documents will form the basis of the contract.

Signature: _____

Name: _____

Position: _____

Date: _____

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(*Addendum)*

1. Please list **all** the services provided by you that uses laser or IPL

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

3. How do you determine the client's skin type for any laser or IPL treatment?
   (Or attach relevant documentation)

4. *P*lease detail step by step the patch testing procedures for any laser or IPL treatment

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(*Addendum)*

5. Please provide a copy of your risk management procedures for laser and IPL services
   (this can be a day to day salon management and/or safety protocol)

6. Please provide a copy of new client information/medical history forms that are completed by your laser and/or IPL clients.

7. Please provide a copy of consent forms that are completed by your laser and/or IPL clients.

8. Please provide ongoing treatment forms including what information the insured obtains before each subsequent treatment.

9. Do you provide any laser or IPL treatments on skin types 5 & or 6 on the Fitzpatrick Scale? ☐ YES ☐ NO

10. What machines are used in the laser and IPL treatments? (*Make and Model)*