

OBF

INSURANCE GROUP



AESTHETIC/COSMETIC MEDICAL PRACTITIONERS

PROPOSAL FORM

Coverholder at

LLOYD'S

OBF Insurance Group Ltd., Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1
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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE. A claims made policy only responds to claims made against the Insured and notified to underwriters during the period of insurance arising from treatment provided on or after the policy retroactive date.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if there is insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Insured.
- This form does not bind the Insured but will form part of the Insurance contract if taken up.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly and with reasonable care. The answers you give us must be true and complete. This is for your protection because, if you do not give us full and complete information, a claim under your policy could be declined or your cover cancelled. You should also advise us of any material changes in your circumstances which might alter the subject matter of the policy or the nature of the risk being insured. If you do not advise us of such changes, cover under the policy may be lost.
- Upon acceptance of the underwriter's 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 underwriters and the insured.

Please supply the following additional information:

- Copy of your certificates and/or qualifications
- Copy of Standard Contract Terms and Conditions (if applicable)

GENERAL INFORMATION

1. Name of Insured/s:

2. Address:

3. Please state the following for the named Insured/s:

Date of birth:

Phone No:

Email address:

4. Please confirm for which discipline(s) you require cover:

Treatments BAND A	Income split per treatment	Name of practitioner providing the treatment
Botulinum toxin		
Chemical peels		
Cryotherapy		
Derma planing		
Derma roller		
Dermal fillers (Non permanent)		
Electrolysis		
Medical needling		
Mesotherapy all treatments		
Microdermabrasion		
Phlebotomy		
Platelet Rich Plasma (PRP) for facial/ neck rejuvenation		
Platelet Rich Plasma (PRP) for scalp hair restoration, breast augmentation and genital rejuvenation. (Medical practitioner only)		

Treatments BAND B	Income split per treatment	Name of practitioner providing the treatment
Dermal fillers (permanent) (Medical practitioner only)		
Laser (Non ablative)		
Micropigmentation/Microblading and SPMU		
Non – invasive laser body contouring procedures		
Non-cancerous moles/skin tags/cysts/wart/ milia removal		
Plasma blast (Fibroblast)		
Radio frequency treatments		
Sclerotherapy		
Tattoo artistry		
Tattoo removal		

Treatments BAND B (continued)	Income split per treatment	Name of practitioner providing the treatment
Teeth whitening (Licensed GDC practitioner only)		
Thread lifting – PDO/Silhouette soft		

Treatments BAND C	Income split per treatment	Name of practitioner providing the treatment
Femilift (Licensed practitioner only)		
Laser (Ablative) /IPL skin types 1-6		
Platelet Rich Plasma (PRP) for O Shot and P Shot (Medical practitioner only)		
Thread lifting (Non dissolve) (Medical practitioner only)		
Weight loss lipolysis (Lipo-dissolve/Lipostabil/ Essentiale/Aqualyx) (Licensed practitioner only)		

Treatments BAND D	Income split per treatment	Name of practitioner providing the treatment
Hair transplant (FUE) (Medical practitioner only)		
Lipolysis/Vaser/Body tite (Medical practitioner only)		

Treatments BAND E	Income split per treatment	Name of practitioner providing the treatment
Liposuction (Medical practitioner only)		
Hair transplant (FUT/Strip method) (Medical practitioner only)		
OTHER		

5. Qualifications:

a) Please confirm if you are qualified and/or accredited to perform the above declared activities.

Yes No

b) Please provide details of any recognised qualification(s) held. Proof is required by the underwriters.

c) Please tick the appropriate box if you are qualified and/or hold a license in any of the following:

Nurse

Doctor

Dentist

Beautician/NVQ 3

Other

BUSINESS INFORMATION

1. Please confirm the number of treatments you performed in the discipline(s) for which you require cover:

Current year	Next year (estimate)

2. Please provide your total gross income based on your activity(s) for which you require cover. If this is a new business please provide an estimated figure:

Current year	Next year (estimate)

PREVIOUS INSURANCE HISTORY

1. Please provide full details of your previous and current medical professional liability cover:

Year	Insurer	Period of Cover	Limit of indemnity	Excess	Premium

2. Has any application for this type of insurance cover ever been:

Declined Yes No

Cancelled Yes No

Required any special terms Yes No

If Yes to any of the above, please provide full details:

INSURANCE REQUIREMENTS

1. Please confirm if you require cover for previous work (retroactive cover) Yes No

If Yes, please confirm the date you have held continuous cover on a claim made basis:

2. Please provide details of the limit and excess required:

a) Limit of Indemnity:

b) Excess:

CLAIMS/CIRCUMSTANCES INFORMATION

1. Please list all claims made against the proposer and all circumstances that could give rise to a complaint and/or claim during the last 10 years. If none, please state "None". For additional space please use the supplementary pages.

Claim/ Complaint/ Incident	Status (open or close)	Incident Date	Reserve	Total Value	Description/nature of allegation
			€	€	
			€	€	
			€	€	

DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, www.obf.ie.

What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub –contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes

Your Rights under our Data Protection Policy

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Where there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Síochána;
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: