

**IMPORTANT NOTICE:**

When answering these questions "Applicant" or "You" or "Your" refers to: The organisation, all related entities, directors, secretaries, officers, trustees, committee members, employees, or volunteers of the organisation.

Are you an APNA member?  Yes  No - If **Yes**, what is your membership number?

**Details of Insured**

<b>Street address</b>	<input type="text"/>		
<b>Suburb/town</b>	<input type="text"/>	<b>State</b>	<input type="text"/>
		<b>Postcode</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Email Address</b>	<input type="text"/>		<b>Phone number</b>
	<input type="text"/>		<input type="text"/>
<b>Nursing qualification</b>	<input type="text"/>		<b>Date of completion</b>
	<input type="text"/>		<input type="text"/>
<b>AHPRA number</b>	<input type="text"/>		
	<input type="text"/>		
<b>Policy Start Date</b>	<input type="text"/>		

**Experience**

<b>As as nurse</b>	<input type="text"/> years	<input type="text"/> months	<b>Cosmetic injectibles</b>	<input type="text"/> years	<input type="text"/> months
<b>PDO threads</b>	<input type="text"/> years	<input type="text"/> months			

**Training Details**

<b>First Aid provider</b>	<input type="text"/>	<b>Date completed</b>	<input type="text"/>
<b>CPR provider</b>	<input type="text"/>	<b>Date completed</b>	<input type="text"/>
<b>Hyalase training provider</b>	<input type="text"/>	<b>Date completed</b>	<input type="text"/>

**Employer Details**

<b>Employer name</b>	<input type="text"/>	<b>Scripting Company</b>	<input type="text"/>	
<b>Employer address</b>	<input type="text"/>	<b>State</b>	<input type="text"/>	<b>Postcode</b>
			<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Employer phone number</b>	<input type="text"/>		<b>Email</b>	
	<input type="text"/>		<input type="text"/>	
<b>Employer website</b>	<input type="text"/>		<b>Duration of employment with this employer</b>	
			<input type="text"/> years	<input type="text"/> months

**Risk Management & Claims History**

- a) Do you have a valid poisons license? (WA and Victoria self employed only).....  Yes  No  
 If **Yes**, please attach a copy.....  Attached
- b) Have you ever had a claim or aware of any possible claims?.....  Yes  No  
 If **Yes**, please provide details below.

c) Have you had any policies cancelled or declined for any reasons?.....  Yes  No  
 If **Yes**, please provide details below.

d) Do you perform any treatments not listed on the policy?.....  Yes  No  
 If **Yes**, please list.

### Items of Cover

Cosmetics	Cosmetic cover (self employed)	Certificate attached
Antiwrinkle injections	Face, body and medical reasons (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dermal filler	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin boosters (mesotherapy)	Face and body Hyaluronic, Poly-Lactic-Acid, (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lipodissolve	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Platelet rich Plasma TGA approved tubes only	Injections, face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PDO mono threads	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PDO long threads	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subcision	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sclerotherapy	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Carboxytherapy injections	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV therapy and boosters	All Infusions (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Dermatology/skin therapy	Cosmetic cover (self employed)	Certificate attached
Cosmeceuticals	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dermaplaning	Face and body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Microdermabrasion	Face and body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydrodermabrasion	Face and body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical peels	<60% (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin needling	Serums and BB cream (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plasma fibroblast	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Laser and IPL	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
LED and phototherapy	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrolysis	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual acne extraction	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Punch biopsy with local and sutures	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin lesion/tag removal with local	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lesion excision with local and sutures	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Intralesion steroid injections (hair loss, scars and medical indications)	As indicated NP ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cryotherapy for warts and skin lesions	As indicated NP ONLY	<input type="checkbox"/> Yes <input type="checkbox"/> No
Non laser tattoo removal	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cosmetic tattooing	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Body sculpting/Other	Cosmetic cover (self employed)	Certificate attached
Teeth whitening	6% peroxide (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
lipolysis (fat freezing, coolsculpting, ultrasonic cavitation, etc)	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin tightening (RF, HIFU, etc)	Face and body (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyebrow threading, waxing, tinting, shaping	Face (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eyelash extensions, tinting, lifting	Face (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waxing	All (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
All other beauty/non nursing activities	All (certificate required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### IMPORTANT

1. THESE PRODUCTS MUST BE TGA APPROVED AND SUPPLIED THROUGH AUSTRALIAN DISTRIBUTORS (antiwrinkle, dermal filler, skin boosters, PRP tubes, PDO threads)
2. Compounded products MUST be compounded in a TGA approved lab (lipodissolve, topical anaesthetic, IV/IM/Oral nutrition, chemical peels and topical products) and a prescription is required by law to obtain compounded S3 and S4 products in the patients name.
3. MEDICAL EQUIPMENT MUST BE TGA APPROVED AND NON MEDICAL EQUIPMENT MUST HAVE CE NUMBER.
4. ALL S4 DRUGS MUST BE supplied through Australian distributors/pharmacy, under their prescribers account/name and administered as per the prescriber's instructions ONLY.
5. Student coverage; MUST provide theory certificate prior to practical and insurance will only cover the student during the practical under direct supervision of the trainer during the training session only.
6. For full coverage of new activities independently you MUST provide your practical certificate, cover will start from the date on the certificate, not before.
7. ENs can only gain employed cover (MUST be employed by a doctor who prescribes and have an RN available for EVERY hour they work who is employed by the same business and work from this business, not solely off site).
8. ENs cannot assess, consent or dose the patient for any procedures as per AHPRA and NMBA guidelines and these activities MUST be completed by the prescribing doctor or RN and delegated to the EN, EN's can then perform follow up procedures under an existing treatment plan approved by the prescribing doctor and RN.
9. ENs cannot own their own business, employ or contact a doctor or RN and cannot work at the capacity of an RN, this includes performing nurse initiated procedures eg; threads or assess for complications and emergencies and administer Hyalase without a doctor or RN assessment and prescription/drug order.
10. RN MUST have 12 months experience as RN and 12 months experience in Cosmetics to gain Advanced Cosmetic cover (2 years total), most employers will not hire/train new nurses in cosmetics with less than 12 month experience, previous experience as EN does not count as RN experience.
11. YOU MUST maintain current first aid every 3 years, CPR and Hyalase refresher annually submit this every year when your policy is due for renewal to prevent the policy being cancelled or voided in the event of a claim.

**If you have less than 12 month experience as a cosmetic nurse or do not have certificates for education and training evidence and seeking cover for these activities, you will be contacted by a Cosmetic Nurse Consultant to discuss your application and options to access cover for these activities.**

### Risk Information

- a) Do you require contractors carry their own health professionals policy?.....  Yes  No
- b) Do all practitioners carry the minimum qualifications required?.....  Yes  No
- c) Do you provide any form of laser or intense pulse light treatments? .....  Yes  No
- If **Yes**, please complete the attached Laser/IPL Addendum.....  Completed

d) Do you obtain medical history or client information in all cases? .....  Yes  No  
 If **No** please list the activities you do not require this for, below.

e) Do you use informed consent? .....  Yes  No

f) Do you manufacture, alter, repair, repackage or import any products? .....  Yes  No

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

g) What percentage of your turnover is derived for the sale of products? .....  %

**Limit of liability**

**Professional Liability**

\$1,000,000

**Public Liability & Goods Sold**

\$10,000,000

**Insurance History**

a) Have you ever had an insurer decline your insurance proposal? .....  Yes  No

b) Have you ever had an insurer impose special terms or conditions? .....  Yes  No

c) Have you ever had an insurer cancel your insurance? .....  Yes  No

d) Have you ever been convicted of a criminal offence? .....  Yes  No

e) Have you ever been declared bankrupt? .....  Yes  No

f) During the past 10 years have any claims been made against you, your principals, employees, or contractors for professional liability or public liability, or have any circumstances been notified to the insurers that might give rise to a claim? .....  Yes  No

g) After making appropriate enquiries are there any facts or circumstances which you, your principals, employees or contractors are aware of that may give rise to a claim under this policy? .....  Yes  No

h) Have you, your principals, employees or contractors ever been subject to disciplinary proceedings for professional misconduct or unsatisfactory professional conduct by a professional society or statutory body? .....  Yes  No

i) Have you, your principals, employees or contractors ever been the subject of a complaint to a professional society or statutory registration board that required a response? .....  Yes  No

If you have answered **Yes** to any of questions a) to g), please provide full details of the matter including the insurer, date of the incident, whether the matter open is or closed, amount paid/reserve and full details of the matter including any relevant correspondence.

### Declaration

After making appropriate enquires, I declare that:

- I am authorised on behalf of the prospective Insured (s) to make this proposal .....  Yes
- I have read and understood the Important Notices and accompanying this proposal .....  Yes
- Where 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. ....  Yes
- I confirm that the contents of this proposal are true and complete. ....  Yes
- 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.....  Yes
- I acknowledge that if a contact of insurance is entered in to this proposal and any accompanying documents will form the basis of the contract. ....  Yes

<b>Full name</b>			
<b>Title</b>			
<b>Signature</b>		<b>Date</b>	

## Please return completed form by email

Please contact us if you have any questions or require assistance with this form.



**Email**  
cosmeticnurses@IHGroup.com.au



**Phone**  
1300 213 067



## Notice to the Proposed Insured

This notice must be read before you complete the proposal form.

### 1. Disclosure of relevant facts

#### Your Duty of Disclosure

Before you enter into an insurance contract with an insurer, you have a duty, under the Insurance Contracts Act 1984 to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- your insurer knows or, should know as an insurer; or
- the insurer has waived your duty to tell them about.

#### If you do not tell the insurer something

If you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount the insurer will pay you if you make a claim, or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### 2. Claims made and notified policy

This proposal is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances which you first became aware of prior to the period of cover and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

Where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover. Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of run-off cover is essential.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

### 3. Broker acting as agent of insurer

In effecting this contract of insurance the broker will be acting under an authority given to it by the insurer and the broker will be effecting the contract as agent of the insurer and not the insured.

### 4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your insurer on your behalf. If you become aware of a claim or of 'circumstances' and your insurer is not notified during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or any future related claim.

### 5. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim. Any surplus will be deducted from claim payments.

### 6. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

### 7. Privacy & Insurance House

Your privacy is important to Insurance House Pty Ltd ABN 33 006 500 072 AFSL 240954. Our Privacy Policy explains how we use and disclose your personal information. Our Privacy Policy is available at [www.insurancehouse.com.au](http://www.insurancehouse.com.au) or upon request when contacting us.