

## STATEMENT OF FACTS : TREATMENT RISK COVER

YOUR AGENT IS : TEL: FAX:  
INSURED'S FULL NAME :  
TRADING AS :  
CORRESPONDENCE ADDRESS :  
RISK ADDRESS :  
POST CODE : TRADE :

**\*\*\*\*\*VERY IMPORTANT NOTE : PLEASE READ\*\*\*\*\***

**THIS QUOTATION AND ANY SUBSEQUENTLY OFFERED INSURANCE IS SUBJECT TO THE INSURED AGREEING TO COMPLY WITH ALL THE FOLLOWING STATEMENTS (EXCEPT WHERE AGREED IN WRITING BY UNDERWRITERS).**

**THIS STATEMENT OF FACTS WILL FORM THE BASIS OF ANY CONTRACT ENTERED INTO WITH INSURERS.**

**An Insurance Company has never:**

- Refused to Insure You
- Refused to Renew your Insurance
- Applied Special Terms when Renewing your Insurance
- Cancelled one of your policies

**You or Any Business Partner or Director have never:-**

- been declared Bankrupt or had a Company go into liquidation, become insolvent or made arrangements with creditors,
- been convicted or have any prosecutions pending in respect of any offence other than motoring offences.

**THE FOLLOWING IS CONFIRMATION OF THE INFORMATION GIVEN BY YOU SO THAT THE CORRECT PREMIUM IS QUOTED.**

I/WE CONFIRM THAT:

1. I/WE COMPLY WITH ANY LICENSING REQUIREMENTS.
2. I/WE HAVE NO KNOWN PROFESSIONAL LIABILITY CLAIMS OR INCIDENTS WITHIN THE LAST 5 YEARS.
3. THAT THERE IS NO OTHER TRADING BUSINESS OTHER THAN THAT LISTED ABOVE TRADING FROM THE PREMISES.

**THE FOLLOWING CONDITIONS APPLY TO ALL CERTIFICATES ISSUED.**

1. UNDERWRITERS EXCLUDE ALL BUSINESS IN NORTHERN IRELAND.
2. ALL PREMISES MUST BE LICENSED IN ACCORDANCE WITH LOCAL AUTHORITY REQUIREMENTS.
3. COVER EXCLUDES ALL LASER & DERMAL FILLERS INCLUDING BOTOX.
4. COVER EXCLUDES "BLACK HENNA" TATTOOS.
5. COVER EXCLUDES PERMANENT MAKE-UP.
6. COVER EXCLUDES "MEDI-SPAS".
7. COVER IS EXCLUDED ON ANYONE UNDER 16 YEARS OF AGE.

**STATEMENT OF FACTS AGREED TO:** *SIGNED* \_\_\_\_\_