Camargue
Specialised Liability Management

MEDICAL MALPRACTICE
BEAUTICIANS

PROPOSAL FORM

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Proposer's Name:	Date of Birth: / /
ID number (if Sole Trader):	
Trading Name (if different from above)	
Physical Address:	
	Postal Code:
Practice/Trading Address/es if different from the above:	
Company Reg No:	VAT No:
Date Company Established / Services Commenced: ***As currently constituted***	/ /
Date Company Established / Services Commenced: ***As initially established:***	/ /
Contact Name:	Contact number:
Email:	Website:
Company Legal Constitution:	Partnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Postnet Suite 250, Private Bag X4, Bedfordview 2008
Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: camargue@camargueum.co.za, Website: **www.camargueum.co.za**

Underwritten by certain underwriters at Lloyds, Compass Insurance Company Limited and Bryte Insurance Company Limited

2 | INSURANCE HISTORY

1 **Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?** Yes ☐ No ☐

If Yes, please state: Insurers:

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 **For the type of Insurance now being proposed, has any Insurer ever:**

i) Required an increased premium or imposed special terms? Yes ☐ No ☐

ii) Refused to accept or renew any insurance for the body corporate Yes ☐ No ☐

iii) Cancelled the insurance? Yes ☐ No ☐

If any answer is Yes to any of the above 3 questions, please provide full details

3 | REQUIRED COVER

1 **State the LIMIT OF INDEMNITY and EXCESS required:**

Limit	R	R	R
Excess	R	R	R

2 **Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?** Yes ☐ No ☐

4 | PREVIOUS LOSSES/ EXISTING CIRCUMSTANCES

1 **Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:**

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal? Yes ☐ No ☐

ii) Cause any loss to the Proposer, any predecessor or any past or present Principal? Yes ☐ No ☐

iii) Otherwise affect the consideration of this proposal for insurance? Yes ☐ No ☐

If Yes, please provide details:

2 **In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?** Yes ☐ No ☐

If Yes, please identify details (including loss date, amount claimed and a brief description):

3 What steps have been taken to prevent a recurrence?

4 Have you ever engaged in a similar activity under a different name? Yes ☐ No ☐

If YES, then please provide full information.

5 | ACTIVITIES OF PROPOSER

1 Please state the discipline(s) in which the Proposer is engaged

2 Please indicate what standard approved beauty treatments you perform:

Body Wrapping		Spa Treatments	
Caci (Facial Technique)		Sugaring	
Electrical Epilations		Tanning Applications	
Ear Piercing		Waxing	
Eyebrow Tinting		Laser Hair Removal	
Facials		Botox Injections	
Hairdressing		Chemical Peels (Maximum Strength 30%)	
Lash Tinting and Eyebrow Shaping		Microdermabrasion (Sodium Crystals)	
Manicure		Laser Vein Removal	
Make Up		Electrolysis	
Nail Extensions		Photorejuvenation	
Pedicure		Other (please specify on a separate page)	
Sunbeds			

3 List the type of products you supply to patients/clients

6 | NAMES AND QUALIFICATION OF PRINCIPALS

1

Name in full	Qualifications	Date Qualified	How long Principal in this Practice

2 Are you a member of any professional organisation, or registered with any self regulating body?

Yes ☐ No ☐

If YES, please state:

i) Which	
ii) Period of membership/ registration	

3 Has membership or registration with such organisation/body ever been suspended, withdrawn, amended or declined or had any special conditions attached?

Yes ☐ No ☐

If YES, then please provide full information

7 | STAFF COMPLIMENT

1 Please state the number of employees in each of the following classifications:

Partners / Directors / Principals	
Qualified Staff	
Other Staff (ex. Admin)	
Administrative Staff (Typists etc)	
Contract Hired Staff	

2 Does any person involved in the treatment and care of any patient/client suffer from any disability, transmittable diseases i.e. Hepatitis, H.I.V. etc or any other impediments which may affect the performance of his/her professional duties or place patients/clients at risk?

If YES, then please provide full information

8 | FINANCIAL INFORMATION

1 When was your immediate past Financial Year End:

Please state:	Last Year	Current Year Estimate	Forthcoming financial year
Gross Revenue from Fees	R	R	R
Gross Revenue relating to rentals/leases etc.	R	R	R
Gross Revenue from any other source (provide brief details on a separate page)	R	R	R
Total Revenue:	**R**	**R**	**R**

9 | ADDITIONAL INFORMATION

1 Is there any further information that should be made known to the Underwriters in order that they may form a proper estimate of the risk?

Yes ☐ No ☐

If Yes, please attach relevant brochures or publications, copies of contract conditions or advise on a separate page.

DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occuring before or after completion of the insurance contract.

NAME	**CAPACITY**
SIGNATURE OF THE PROPOSER	**DATE** DD/MM/YYYY

BROKER DETAILS

Broker:	
Contact Person:	Tel:
Email:	Fax number: