





Part A – Company Information

1. Please provide responses to all of the below fields:

Name of Company	
NZBN	
Date of Incorporation	
Principal Address	
Website Address	

2. Please provide a description of business activities carried out by the Company:

--

3. Are you a member of any professional association or society?

No ☐ Yes ☐ If Yes, please provide the name of the association/society and number of years of membership:

--

4. Are you anticipating any change in activity/structure that will occur in the coming financial year?

No ☐ Yes ☐ If Yes, please provide details:

--

5. Could you provide the percentage of the Insured's turnover attributed to the following types of work over the past 12 months, as well as the projected percentage for the next 12 months?

Nature of Services	% Last 12-Months	% Next 12-Months
Acid or Chemical Skin Peels (up to 40% strength)		
Acid or Chemical Skin Peels (up to 60% strength)		
Advanced Skin Therapies (non-surgical)		
Body Contouring Treatments (non-invasive)		
Body Piercing (excluding intimate areas and tongue)		

Nature of Services	% Last 12-Months	% Next 12-Months
Body Piercing (including intimate areas and tongue)		
Body Sculpting Treatments		
Body Wraps and Detox Wraps		
Calendula Eye Treatments		
Cellulite Reduction Therapies		
Cosmetic Injectables (e.g., Botox, Dermal Fillers)		
Cosmetic Tattooing / Micropigmentation		
Cryotherapy Facials and Spot Treatments		
Dermaplaning / Epidermal Levelling		
Derma therapy Treatments		
Diathermy Treatments		
Ear Candling and Ear Therapy		
Electrical Epilation Techniques		
Electro Collagen Induction Therapy		
Electrolysis Hair Removal		
Electroporation Skin Treatments		
Eyebrow Shaping, Threading, and Tinting		
Eyelash Extensions and Tinting		
Facial Treatments and Rejuvenation		
Fat Reduction Treatments (Laser, Galvanic)		
Gua Sha Facial Massage		
Hair Transplant Procedures (non-surgical assistance)		
High-Frequency Facial Therapies		
Hyaluronic Acid Infusions		
Hydrotherapy Treatments		

Nature of Services	% Last 12-Months	% Next 12-Months
Intense Pulsed Light (IPL) and Variable Pulsed Light (VPL) Treatments		
Infrared Sauna Treatments		
Laser Hair Removal		
Laser Tattoo Removal		
LED Light Therapy Masks		
Light and Heat Therapy		
Lymphatic Drainage Massage		
Make-Up Artistry and Application		
Manicure / Pedicure Services (including Shellac, Ion Foot Spa)		
Massage Therapies (Swedish, Deep Tissue, Relaxation)		
Mesotherapy Treatments		
Microcurrent Facial Treatments		
Microdermabrasion Skin Resurfacing		
Micro sclerotherapy Treatments		
Milia Extraction Procedures		
Non-Laser Tattoo Removal		
Non-Surgical Facelift Procedures		
Oxygen Infusion Therapy		
Paraffin Wax Skin Treatments		
Peptide and Vitamin Infusions		
Plasma Skin Resurfacing and Rejuvenation		
Product Sales (Retail Skincare and Cosmetics)		
Radiofrequency and Ultrasonic Skin Therapies		
Reflexology Foot and Hand Massage		

Nature of Services	% Last 12-Months	% Next 12-Months
Scalp Micropigmentation (SMP)		
Skin Needling and Collagen Induction Therapy		
Spray Tanning Services		
Teeth Whitening (non-dental cosmetic enhancement)		
Vibration Therapy (Whole Body and Vibrosaun)		
Waxing and Alkaline Hair Removal Treatments		
Other:		

6. Are any injectables used throughout your services?

No ☐ Yes ☐ If Yes, please provide details of all injectables used:

7. Are all Injectables performed by a registered nurse or doctor?

No ☐ Yes ☐ If 'NO', please provide details of who is administering the injectables:

8. Are all injectables prescribed by an New Zealand registered doctor?

No ☐ Yes ☐ If 'NO', please advise who prescribes them.

9. Do all practitioners carry a minimum level of qualifications required?

No ☐ Yes ☐ If 'NO', please provide details.

10. Do you obtain clients medical information (including medical history) prior to any services being provided?

No ☐ Yes ☐ If 'NO', please provide details.

11. Does the proposer have written procedures or checklists for the services performed?

No ☐ Yes ☐ If Yes, please provide details.



Part B – Laser or Intense Pulsed Light (IPL) Treatments

12. Do you provide laser or intense pulsed light (IPL) treatments?

No ☐ Yes ☐ If 'Yes', please complete the following questions.

(i) Please detail all the services provided by you or your contractors that use laser or IPL?

(ii) Please list qualifications and relevant experience for all staff or contractors performing laser or IPL treatments and provide copies of their qualifications.

(iii) How do you determine the client's skin type for any laser or IPL treatment?

(iv) Please detail step by step the patch testing procedures for any laser or IPL treatment?

(v) What machines are used in the laser and IP treatments (make and model)?



Part C – Public & Products Liability Insurance – Complete Only if Cover is Required

13. What percentage of your total revenue is generated from product sales?

14. Do you manufacture, modify, repair, or repackage any products?

No ☐ Yes ☐ If Yes, please provide details:

15. If you import products, please specify the types of products and the revenue generated from these activities:

16. If you export products, please outline the types of products and the revenue generated from these activities:

17. Have any of your products been subject to a recall notice within the past 5 years?

No ☐ Yes ☐ If Yes, please provide details:



Part D – Claims

18. Is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No ☐ Yes ☐ If Yes, please provide details:

19. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No ☐ Yes ☐ If Yes, please provide details.

Date of Claim or Loss DD/MM/YYYY	Brief Details of Each Claim or Loss	Cost (if any) of Claim Paid or Loss Insured	Estimated Outstanding Loss
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

20. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/ principals/directors or employees under any statute, legislation, regulation or By-Law whatsoever?

No ☐ Yes ☐ If Yes, please provide details:

21. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No ☐ Yes ☐ If Yes, please provide details:

22. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No ☐ Yes ☐ If Yes, please provide details:



Part E – Declaration

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy. If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors) behalf.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



Contact Us

