

NOUVEAU LASHES®

open your eyes



HOLISTIC INSURANCE SERVICES

in conjunction with Nouveau Beauty Group

MALPRACTICE, PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY INSURANCE SCHEME

TO ARRANGE COVER, FOLLOW THESE INSTRUCTIONS:

The policy is written on a "Losses occurring" basis, so as long as the policy is force when the incident happened, then subject to the policy wording, terms and conditions the claim will be dealt with by your insurers. The policy includes full retroactive cover

1. You must hold a qualification recognised by Holistic Insurance Services.
2. Complete the proposal form and include all documentation
3. **Enclose your cheque for the correct premium**
4. **Enclose copies of your Qualification Certificates**
5. Send all of the above to:

Holistic Insurance Services 183a Watling Street West, Towcester, Northants NN12 6BX

ANNUAL PREMIUMS:

<u>Malpractice, Professional Indemnity, Public & Products Liability*</u>	<u>Limit of indemnity</u>	<u>Premium</u>
Including retroactive cover for previously insured periods Libel and slander/breach of confidentiality Jury Service compensation Legal Helpline** Legal defence costs in respect of claims made under the policy	Any one claim and in total in the period of insurance including legal defence costs Limit £2,500,000	Nouveau Lashes £64.00
Legal defence costs in respect of disciplinary hearings Limit of indemnity £500,000 *** Legal/accountancy costs incurred as a result of an Inland Revenue or VAT investigation Limit of indemnity £100,000 ** *		
<u>Optional Cover</u>		
Business Equipment*	Up to £1,000 Up to £2,500	£60.00 £80.00
* Terms and conditions apply. A copy of the policy wording is available upon request ** Provided by First Assist *** This section is underwritten on a "Claims Made" basis and therefore must be in force at the time a claim is made against you.		All premiums include 5% Insurance Premium Tax Administration Fee and use of legal helpline

POLICIES ARE ISSUED ON A 12 MONTH BASIS. REFUNDS ARE NOT GIVEN AFTER THE FIRST 30 DAYS OF COVER DUE TO THE NATURE OF THE INSURANCE. THESE RATES ARE VALID TO 28TH FEBRUARY 2009.

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 Tel: 0845 222 2236
 Fax: 0845 222 2237
www.holisticinsurance.co.uk

APPROVED THERAPIES

Please note therapies listed with a + do carry an additional premium, please contact us and we can advise you of the premium, therapies that are not marked are included within the standard price

For unlisted therapies please call to see if we can consider them.

*Excludes any stage or entertainment hypnosis/additional endorsements apply

**Excludes treatment of Professional Sports Persons or Entertainers. This is available at an additional premium

Acupressure	Acupuncture +	Acupuncture incl Moxibustion and Cupping +
Addiction Therapy	Airbrush Tanning +	Alexander Technique
Allergy Testing	Allergy Therapy	Amatsu
Angel Therapy	Angelic Reiki	Animal Communication
Animal Manipulation + *	Antenatal Education	Antenatal Exercise
Aqua Detox	Aqua Natal Training	Aromatherapy
ART (Active Release Technique) Therapy	Art Therapy	Auricular Acupuncture +
Autogenic Training	Ayurveda	Baby Massage Instructor
Baby Yoga	Bach and Australian Bush Flower Remedies	Balinese Massage
Beauty Therapy + *	Bio Detox Therapy	Bio-Energy Therapy
Bio-Resonance	Biomagnetic Therapy	Biomechanic Therapy
Birth and Postnatal Doula	Body Alignment Technique	Body Analysis
Bowen for Horses + *	Bowen for small animals + *	Bowen Technique
Buteyko Breathing Method	Chakra Balancing	Chi Kung / Qi Gong
Chi-do therapy	Child, Adolescent and Family Therapy	Clinical Camouflage
Clinical Hypnotherapy/Psychotherapy	Coaching *	Colonic Hydrotherapy +
Colour and Image Consultancy	Colour Breathing	Colour Therapy
Counselling	Craniosacral Therapy	Crystal healing
Cymatics	Dance Teacher	Daoyin Tao
Depilation + *	Dermal Fillers +	Diet and Nutrition Advice
Dowsing *	Drama & Movement Therapy	Dream Analysis
Ear Candling *	Ear Piercing (lobe only) + *	Egyptian Sekhem Reiki
Electrical Epilation + *	Electro Crystal Therapy	Electro- Stimulation Therapy
Electro Crystal Therapy	Emotional Freedom Technique (EFT)	Energy Healing
Equine Therapies + *	Exercise/Fitness Instruction	Eye Movement De-Sensitisation Reprogramming (EMDR)
Facial and Body Beauty Therapy	Faradism	Feng Shui

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Foot Detox Treatment	Gentle Spinal Works +	Glycolic Peels + *
Hand Reflexology	Healer Dowsing	Healing Including Animals +
Healthy Eating Advice *	Hellerwork	Herbalism
Holistic Podiatry	Holographic Repatterning	Homeopathy
Huna	Hydrotherapy	HypnoBirthing *
Hypnotherapy *	Image Consultancy	Indian Face Massage
Indian Head Massage	Interpersonal Training	IPL (Intense pulsed light) + *
Iridology	Journey Therapy	Kairos/Shen Therapy
Light Therapy	Light Touch Therapy	Massage
Low Level Laser Therapy *	Magnetic Therapy	Manicure and Pedicure
Manual Lymphatic Drainage	Meditation	Mentoring
Meridian Therapies	Metabolic Typing	Metamorphic Technique
Metabolic Typing	Microdermabrasion +	Micro pigmentation + *
Music Therapy	Nail Care including Nail Extensions	Naturopathy
Neuro-Linguistic Programming *	Neuromuscular Therapy	No hands Massage
Nutrition	On Site Massage	Ozone Therapy + *
Past Life Regression	Personal Training	Phytobiophysics
Phytotherapy,	Pilates	Polarity Therapy
Pranic Healing	Psychotherapy	Pulsing
Quantum-Touch	Radionics	Raindrop Therapy
Reconnective Healing	Red Vein Treatment + *	Reflexology
Reiki	Remedial & Sports Massage **	Scenar Therapy
Seated Acupressure	Seichem	Seiki
Self Tanning +	Semi Permanent Make Up + *	Shamanic Healing
Shiatsu	Smoking cessation therapy *	Sound therapy
Spinal Touch	Spiritual coaching	Spiritual Healing
Stress Management	Tai Chi	Terra-Mai Reiki/Seichem
Thai Massage *	Thai Yoga Massage	The Trager Approach
Thought Field Therapy	Threading and Tweezing +	Time Line Therapy
Touch For Health	Trager Approach	Trigger Point Therapy
Tui Na Massage	Tuning Fork Therapy	Ultra Sound Therapy
Vibrational Medicine	Water Shiatsu *	Waxing/Depilation + *
Weight Management Consultancy	Yoga Teaching/Therapy	Zero Balancing

Teaching/Tuition:

The policy will provide an indemnity for legal liability incurred in respect of teaching, provided as an individual tutor, delivering a course devised by a third party, with the third party issuing the qualification certificates.

Subject to an additional premium we may be able to extend the policy cover to include liability arising from courses devised by you. To extend the policy we will need full details of the course including the syllabus, for approval by our underwriters.

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INSURANCE PROPOSAL FORM

Malpractice/Professional Indemnity/Public/Products Liability Insurance (Losses Occurring Basis)

Please complete in blue or black ink. Make sure that everything is legible. This form is scanned electronically. Please answer all questions. No Insurance is in force until confirmation has been given. The completion of this form does not bind either you or the insurer in contract.

Name including any trading name
and title (Mr/Mrs/Ms/Miss)

Correspondence Address

Postcode

Telephone Number

Email address

Therapies that you wish to cover: **Please enclose a copy of your certificate/diploma**

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	Therapy	Dates / Duration of Course	Teacher / College
1			
2			
3			
4			
5			

Please use a separate sheet if you have more therapies that you require cover for.

Some therapies not included on the approved therapies list may require an increase in premium.

Do you maintain client's records and retain them for at least 7 years?

Yes No

Are you a member of any other Professional Organisation? If yes, please list

Yes No

Have you ever been subject to a disciplinary hearing or suspended from any Professional Organisation

Yes No

Do you carry or have you carried Professional Indemnity Insurance during the last 12 months

Yes No

If yes, please provide

<i>Name of Insurer</i>	
<i>Limit of Indemnity</i>	
<i>Expiry date of the policy</i>	

Have you had any claims or suits for negligence, errors or omissions been made against you or are you aware of any circumstances which may result in any such claims being made against you

Yes No

Has any Insurer ever cancelled, declined refused to renew or accepted on special terms your professional insurance

Yes No

If yes to either of these questions please give details on a separate sheet and you will be contacted.

Do you wish to have Business Equipment Cover

Yes No

If yes please tick the level of cover required:

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£1000	
£2500	

Date Insurance to commence

I hereby declare and warrant the above statements and particulars are in all respects complete and true, that they are material, and that I have not suppressed or misstated any material facts and I agree that this proposal form shall be the basis of the contract with the underwriters and deemed to be part of the insurance coverage issued to me.

Signature of Proposer Date

We cannot accept any proposal form which is signed/dated more than 30 days prior to the commencement date.

Please forward all documentation to:
Holistic Insurance Services, 183A Watling Street West, Towcester, Northants. NN12 6BX
Telephone number 0845 222 2236 Fax Number 0845 222 2237

PAYMENT

Payment by cheque to HIS Switch/Delta Visa/Mastercard

Note a fee of 2.5% is added to credit card payments

Card number:

Expiry date: ___/___ Issue number (Switch only) _____ Valid From Date ___/___

Please make payment with order: we will not cash your payment unless your application is approved. Please allow up to 5 - 10 days for processing.

Card security code:

Holistic Insurance Services is a trading name of GINS Ltd

Authorised and Regulated by the Financial Services Authority

The insurance is underwritten by Novae Insurance Company Ltd