

COSMETIC SURGERY ACTIVITY ADDENDUM

Please provide the following details:

1. Please advise which area(s) of medicine you are qualified and licensed to practice and for which you require indemnity (SURGICAL)					
Activity	Please tick	Number of procedures undertaken per year	Activity	Please tick	Number of procedures undertaken per year
Arm Reduction / Arm Lift Thigh / Buttock Lift	Mole Removal	.....	.....
Breast Augmentation Mastopexy Reduction Inverted Nipple Corrected Gynecomastia Implant Removal	Liposuction Wet Dry	...............	...............
			Nose Rhinoplasty Septo-rhinoplasty	..........	..........
Eye Blepharoplasty, upper/ lower	Stomach Abdominoplasty - Mini - Full Gastric Band Umbilicoplasty	.........................	.........................
Facial Cheek Implants Chin Implants Nasal Implants Pinnoplasty	Vaginal Clitoral Hood Reduction Labiaplasty Vaginoplasty Vaginal Tightening		
Facelift Brow lift Threadlift Mini lift Full facelift	Varicose Veins	.....	.....
			Penile Enhancement	.....	.....
Implants Buttock Calf Gluteal Pectoral Other (pls state)	Other <i>please describe below fully treatments offered</i>		
Non Surgical Treatments – Please see below					

2. Please advise which area(s) of medicine you are qualified and licensed to practice and for which you require indemnity (NON SURGICAL ACTIVITIES)

Activity	Please tick	Number of procedures undertaken per year	Product / System Used
Botox/ Hyperhydrosis		
Chemical Peel		
Carboxytherapy		
Dermal Fillers (Temporary/Semi Permanent)		
Dermal Fillers (Permanent)		
Laser Hair Removal (Non Ablative – IPL, LHE, LED) <i>must be CE marked equipment</i>		
Laser Hair Removal (Ablative) <i>must be CE marked equipment</i>		
Laser Lipolysis - Non Aspirate		
Laser Lipolysis - Aspirate		
Macrolane - Breast Penis Other		
Mesotherapy		
Microdermabrasion		
Sclerotherapy		
Other – <i>Please describe below</i>			

DECLARATION

I declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature (please also print)

Date

Data Protection Act – All personal information supplied by you will be treated in confidence by W.R. Berkley Insurance (Europe), Ltd and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of W.R. Berkley Insurance (Europe), Ltd or our agents or subcontractor.