



Professional Beauty Network Insurance Scheme Proposal Form

Title: _____

Email Address: _____

Name: _____

Contact No: _____

Physical Address: _____

Cell Phone No: _____

Date of Birth: _____

Post Code: _____

What date do you require the policy to start? _____

Number of Therapists: _____

Do you require cover for any additional therapies as set out above? : YES NO = If YES, please specify:

Please select additional therapies that you require cover for in the box below:

() 3D Lipo	() Lava Shells
() Advanced Skin Peeling	() Lipo Glaze and Lipo Light
() Aquaneuro wet system	() META Therapy Micropigmentation
() Basic Micropigmentation	() Piercing the cartilaginous part of ear or the eyebrow, lip, nose
() Bioresonanic Therapy	() Shireen
() Colonic Hydrotherapy	() Skin needling up to 1.5mm on the face & body
() Corporate Membership	() Sunbeds 2+
() Corporate/individual teaching insurance for beauty - up to 40 students	() Sunlight Therapy
() Dry Needling	() TCA Peels
() Any other, please state or list:	
.....	

***Please enclose copies of qualifications for all therapies.**

Version 3 – August 2016



BALENS INTERNATIONAL SA (PTY) LTD – Specialised Insurance Brokers
Juristic representative of Zurich Insurance Company SA Limited FSP NO.17703



Declaration

*I can confirm that:

- I have read and understood all of the terms, conditions and policy covers.
- I am a full member of Professional Beauty.
- I hold professional qualifications in the above therapies and that I understand that if, in the event of a claim, I am unable to provide proof of my qualification(s), the insurance will not indemnify me.
- There have been no claims or suits for negligence, error or omission made against me, nor am I aware of any circumstances which may result in any such claim or suit being made against me.
- No insurer has even cancelled, declined or refused to renew or accepted on special terms my Professional Insurance.
- I have not, under current or any previous trading title, been convicted of any criminal offence, other than motoring and no prosecutions are pending.
- I am not selling more than R1,000,000 of Products to non-clients.
- I can confirm that I accept that the premium is due annually in advance and is not subject of a prorated charge or refund
- I understand that should I, within seven days of acceptance of the quote, no longer wish to accept the terms and the contract, I may cancel the said contract under full refund, this known as the cooling off period.
- I understand that **this policy is for individuals only (including proprietor only limited companies)**.
If you employ or use other Health and Wellbeing Professionals or if you take payment, bookings or advertise for other Health and Wellbeing Professionals, this policy may not be suitable – please contact Balens for guidance.

I hereby declare and warrant that the above statements and particulars are in all respects complete and true and that I have not suppressed or miss-stated any material facts** and I agree that this Statement of Fact shall be the basis of the contract with the Insurers and deemed part of the insurance coverage.

Signature of Proposer: _____ Dated: _____

* If you are unable to confirm the above statements, please explain why in a separate note.

** This means that you should disclose any relevant information relating to the above questions and not withhold or misrepresent any facts which are likely to influence the Insurer's assessment and acceptance of this proposal. You have a duty to disclose any such facts and failure to do so could invalidate the insurance.

A specimen policy wording is available on request at all times.

Please return your form to: Insurance@probeauty.co.za



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