

# Towergate Health & Beauty Salons – Appendix 1

## General Conditions

These conditions of cover apply to all professional treatments.

If **You** are unsure about any of these conditions or whether **You** need to notify **Us** about any matter please contact **Us**.

It is a condition precedent to **Our** liability that the following precautions must be complied with whenever **You** carry out professional treatments:

1. operatives must hold the relevant certificates and qualifications for all professional treatments undertaken.
2. all open-blade razors, needles or other items which could pierce the skin used are
  - a. brand new or
  - b. thoroughly sterilised prior to starting treatment on each and every customer.
3. all products and equipment utilised when carrying out professional treatments will be used in accordance with the manufacturers instructions.
4. all products shall be third party proprietary brands and not wholly or partly manufactured or altered by **You** (other than proprietary materials mixed in accordance with the manufacturers instructions)
5. where materials are used on the skin that require a patch test by the product manufacturers, a patch test is performed in person in accordance with the manufacturer's instructions at least 48 hours prior to treatment on each new client who wishes to have treatment for the first time. This requirement shall only apply where a patch test is The patch test must use the exact substance that is to be applied for the treatment and **You** must not proceed with the treatment if the results of the test are not satisfactory. If the patch test cannot be performed in person then **We** will accept postal patch testing provided that:
  - a) A postal patch test is not against the manufacturer's advice and confirmation has been obtained from the manufacture of the product to this effect;
  - b) The patch test area is visually inspected prior to by the therapist before treatment;
  - c) A signed disclaimer/consent form is obtained from the client at the time of treatment which states the client followed all instructions including timeframe and understands the consequences of not having performed the test correctly;
  - d) The supplier of the product must supply **You** with a professional patch testing kit to post to your clients, it cannot be a patch test kit that **You** have produced yourself

A patch test shall not be required for semi permanent mascara.

If **You** do not comply with these conditions **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 1 – Hairdressing Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Hairdressing Hair Cutting, styling, drying, colouring, permanent hair waving, perming, crimping, plaiting, barbering, and attachment of Hair extensions (excluding liability for loss or detachment of hair extensions)

## Cover 2 – Nails / Cosmetics Treatments

If this cover is shown as insured on **Your Schedule**, then **We** will cover **You** for the following:

Face and body painting including Henna art, make-up (including the application of Fantasy make-up), amateur theatrical make-up (other than in respect of professional productions), Su-Do body art, cosmetic brushing, manicure, nail art including the use of nail printer, nail extensions, gel nails, use of electric nail file, paraffin wax and pedicure.

### Conditions that apply to cover 2

It is a condition precedent to **Our** liability that

1. Each time **You** undertake nail extensions **You** must:

- (a) check that the client is not allergic to acrylics or plastics prior to applying false nails or nail extensions and before proceeding with the treatment
- (b) obtain written consent from the parent or guardian of persons under the age of 14 prior to performing nail extensions.

2. Each time **You** undertake face painting **You** must

- (a) obtain verbal consent from a parent guardian or responsible adult. No face painting may be carried out on any minor under the age of three years;
- (b) use only paints which have been specifically formulated as cosmetics for use on the face or body and are EU compliant
- (c) ensure adequate precautions will be taken to prevent infection from dirty water and brushes and cross infection from sponges already used on other children
- (d) ensure no painting will be done in close proximity to open wounds cold sores or other skin conditions

3. Each time **You** undertake Su-Do body art provided **You** must obtain written consent from a parent or guardian prior to undertaking any work on people under the age of 16.

4. Each time **You** undertake treatment involving the application of bikini shapes or gems for male and female **You** must ask the client at consultation stage if they are allergic to sticking plasters and the treatment must not proceed if the client confirms they are.

If **You** do not comply with these conditions **You** will not be covered and **We** will not make any payment in respect of a claim.

### Cover 3 - Facial / Ear / Body Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Eyebrow plucking, eyebrow tweezing, eyebrow threading, eyelash curling, eyelash and eyebrow tinting, eyelash perming, application of beauty treatment products to eye lids and around the eyes, semi permanent mascara, attachment of false eyelashes, ear piercing (soft non-cartilaginous part only), alkaline skin wash (hair removal), cleansing, facials, facial massage, masks, scrubs, steaming and electrotherapy and Micro electrotherapy including all over body, use of oxygen concentrator, Aqua detox, Bio detox, Chi detox, Peditox, tooth jewellery (Smile gems and Tooth fairy only), body brushing, body scrubs and masks, Dry Flotation Tanks

### Conditions that apply to cover 3

It is a condition precedent to **Our** liability that

1. Each time **You** undertake ear piercing **You** must:

- (a) not perform ear piercing other than to the soft non-cartilaginous part of the ear lobe using a system designed to protect the gun instrument from contamination using pre-sterilised ear studs and back clasps.

(b) obtain written consent from the parent or guardian of persons under the age of 16 prior to performing ear piercing.

If **You** do not comply with these conditions **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 4 - False Tanning / Hair Removal

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Application of false tanning products including Airbrush tanning, bikini hair colouring, bleaching of superfluous hair, camouflage treatment, remedial camouflage, waxing (hot, cool, cold, Brazilian, Hollywood), sugaring, depilatory creams, heat treatments

## Cover 5 - Toning Tables, Vibro plate machines, Power plate machines

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Toning Tables, Vibro plate machines, Power plate machines

### Conditions that apply to cover 5

It is a condition precedent to **Our** liability that each time **You** undertake treatments using toning tables and vibro plate machines **You** must ensure that the operator:

- (a) has received training in the use of toning tables power plates and vibro plates
- (b) takes from the client their medical history and written consultation prior to use.
- (c) ensures that the client signs the record card prior to each time they use the equipment stating that they are not suffering from any injury or medical condition that could be affected by the use of toning tables
- (d) display prominently the manufacturer's instructions
- (e) supervise use of toning tables and remain on the premises continuously while the equipment is in use

## Cover 6 – Sauna Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:  
Sauna, Infra red sauna, steam cabinet or room, hydrotherapy

### Conditions that apply to cover 6

It is a condition precedent to **Our** liability that If **You** provide a sauna in **Your** salon **You** must ensure that:

- (a) all floors that are likely to become damp or wet have non-slip surfaces
- (b) instructions are given to all customers as to the method of safe use of the facilities
- (c) **You** supervise use of equipment at all times and will remain on the premises continuously while the equipment is in use.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 7 – Sunbed Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Solaria sunbeds and Stand up tanning cubicles

## Conditions that apply to cover 7

It is a condition precedent to **Our** liability in respect of sun beds or ultra violet treatment facilities that:

- a) the use of the equipment is adequately supervised by a competent person;
- b) **You** comply with HSE Guidance INDG209 (rev1) Reducing health risk from the use of ultraviolet (UV) tanning equipment;
- c) the use of the equipment is restricted to those aged 18 years old or over;
- d) suitable goggles are worn by all persons using the sunbed(s);
- e) customers are advised before treatment begins of the possible health risk of ultra violet rays;
- f) a check of customers medical history, skin type and history of sunbed usage is made before use and a disclaimer stating that customers use the equipment at their own risk is signed by the customer;
- g) the equipment is inspected at least annually by a qualified electrical engineer;
- h) customers are given detailed instructions on the safe use of equipment;
- i) the use of the equipment is adequately supervised by a competent person;
- j) the fixed electrical system has been subject to a statutory examination and tested by a competent electrical engineer in the last 5 years

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 8 - Basic Electrolysis

Epilation, electrical epilation including short wave diathermy, blend, tweezer, ultrasound hair removal and non invasive methods

### Conditions that apply to cover 8

It is a condition precedent to **Our** liability that each time **You** undertake electrical epilation **You** must use a new sterile needle (which will then be disposed of immediately into a sharps container once treatment is completed) for each client in respect of short wave diathermy.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 9 - IPL Hair Removal

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Intense Pulsed Light hair removal, Variable Pulsed Light hair removal, Light Heat Energy hair removal and Intense Flash Light hair removal

### Conditions that apply to cover 9

It is a condition precedent to **Our** liability that each time **You** undertake Intense Pulsed Light, Intense Flash Light, Variable Pulsed Light and Light Heat Energy Hair Removal treatments these must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 10 - Holistic Therapies

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Acupressure, Alexander Technique, Amatsu, aromatherapy (including blending of aromatherapy oils into base oils for Retail and blending of essential oils into products that have been purchased from a supplier for Retail), ATMA, Bi-Aura, Bowen Technique, Colour Therapy, Cranio sacral therapy, Crystal Sound, Crystal Healing, Crystal Ki, Crystal Wand massage, Flower Remedies, Kahuna, Kaiamea, magnet therapy, Master Energy Colour Therapy, meditation, Melchizedek method, Metamorphic Technique, Myofascial Release Techniques, perfume blending, Professional Relaxation therapy, Raindrop therapy, reflexology, reiki, Seichem, Shiatsu, Shirodhara, Spinal Touch therapy, Stone therapy and reflexology, Vacuflex reflexology system, Vibrational therapy (colour light and sound)

## Cover 11 – Massage Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Ayurvedic, Baby, Balinese, Baobab, body, Chieneitsang, Chinese foot, Daoyintao, deep tissue, facial, hands free, head, hot stone massage, Indian face, Indian head, Korean hand, Linn T, Lomi Lomi (Hawaiian), Lymphatic drainage, Mongolian Sky Energy, NO HANDS, oxygenating, Pina Sweda, pregnancy, Thai, Thai compress, Tibetan acupressure head, Trager, Tsuboki Hand, Tui Na massage

### Conditions that apply to cover 11

It is a condition precedent to **Our** liability that:

1. Each time **You** undertake pregnancy massage **You** must:
  - (a) have the client's General Practitioner or Midwife's consent prior to treatment
  - (b) not massage over the abdomen
  - (c) not carry out treatment during the first trimester (12 weeks)
  - (d) not massage pressure points on both sides of the ankles nor massage the webbing between thumb and index finger
2. Each time **You** undertake baby massage training **You** must ensure use a doll when teaching parents/guardians how to carry out baby massage treatment.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 12 - Red Veins / Skin Tags

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Red Vein, Skin Tags, Milia, Warts, Moles and Spider Naevi by Shortwave Diathermy, Electrical Non Invasive, Veinwave, V Beauty, Intense Pulsed Light, Light Heat Energy, Thermo-Coagulation, Laser Systems or Sterex Blend Method.

### Conditions that apply to cover 12

It is a condition precedent to **Our** liability that:

1. Each time **You** undertake Red Vein Treatment Skin-tags , Warts, Milia and Spider Naevi by shortwave diathermy, Thermo-coagulation, Veinwave and V Beauty, and Red Vein Treatment and Spider Naevi by the Sterex Blend Method **You** must check that approval has been given by the client's own General Practitioner, in respect of the removal of warts or moles before commencing such treatments. A written

record must be retained by **You** for inspection by **Us** if a claim arises showing evidence that such approval has been obtained.

It is a condition precedent to **Our** liability that each time **You** undertake treatment of Blood Spots and Dermatitis Papulosa Nigra **You** must hold a Sterex Advanced Certificate.

2. Each time **You** undertake Red Vein Treatment Skin-tags , Warts, Milia and Spider Naevi by Laser system or intense pulsed light, Intense Flash Light, Variable Pulsed Light or Light Heat Energy hair removal treatments these must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols.

If **You** do not comply with these conditions **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 13 - Anti Wrinkle/Body Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Audio Sonic, Bio-Skin Jetting, Bio-Skin Smoothing, Body Wrapping, Cosmeceuticals, Earth Oxygen, Electrical Treatment for Skin Improvement, Electrical Slimming/Body Toning, Emmett Technique Body Pressure Therapy, Endermology, Galvanic and High Frequency and Radio Frequency Treatments for Face and Body, 'Harturderm' Anti Wrinkle Treatment, Infra Red Treatments, Ionithermie, LED Light Therapy, Manual Treatment for Cellulite and Stretch Marks, Non Ablative Volumetric Skin Tightening Treatment for lines, wrinkles and cellulite, Non Invasive Mesotherapy (without the use of needles), Microcurrent, Oxygen Anti Wrinkle Treatments, Pressotherapy, Superceuticals, Ultra Sound for Cellulite, Ultra Sound Miscrubber Exfoliating Facial Treatment, Vacuum Suction

### Conditions that apply to cover 13

It is a condition precedent to **Our** liability that each time **You** undertake Harturderm anti-wrinkle treatment **You** must use a new sterile needle (which will be disposed of immediately into a sharps container once the treatment is completed) for each client.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 14 – Chemical Peel Treatments

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Application of Alpha Hydroxy Acid, Beta Hydroxy Acids, Glycolic Acid, Gly Derm, Enerpeel PA Peels, Fruit Peels, Herbal Peels and BotoMask.

Alpha Hydroxy Acids (AHA) are defined as:

- a) Glycolic acid
- b) lactic acid
- c) malic acid
- d) citric acid
- e) glycolic acid plus ammonium glycolate
- f) alpha-hydroxyethanoic acid plus ammonium plus alpha- hydroxyethanoate
- g) alpha-hydroxyoctanoic acid
- h) hydroxycaprylic acid
- i) mixed fruit acid
- j) tartaric acid
- k) tri-alpha hydroxy fruit acids

- l) triple fruit acid
- m) sugar cane extract
- n) alpha hydroxy and botanical complex
- o) l-alpha hydroxy acid
- p) glycomer in crosslinked fatty acids alpha nutrium (three AHAs)

Beta Hydroxy Acids (BHA) are defined as:

- a) salicylic acid and related substances such as salicylate sodium
- b) salicylate and willow extract
- c) beta hydroxybutanoic acid
- d) tropic acid
- e) triethocanic acid

### Conditions that apply to cover 14

It is a condition precedent to **Our** liability that where the application of chemical peels over a maximum concentration of Glycolic or Alpha Hydroxy Acids exceeds 35% by volume unbuffered/esterified the application is only undertaken by someone with a level 3 NVQ qualification or equivalent.

It is a condition precedent to **Our** liability that each time **You** undertake AHA and BHA treatments **You** must:

1. Prior to AHA or Enerpeel PA or Glycolic or Gly Derm treatments being performed give each client full after-care instructions, and **You** and will sign a record card to the effect that the client will carry out the after-care.
2. ensure the maximum concentration of Glycolic or Alpha Hydroxy Acids does not exceed 43% by volume unbuffered /esterified unless agreed in writing by **Us**.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

### Cover 15 - Micropigmentation

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Body Art, Eyeliner, Eyebrow Lengthening, Eyebrow Creation /Filling, Lip Liner, Full Lip Colour

The following procedures are excluded and **We** will not cover **You** for Tattoo Removal or Advanced Micropigmentation procedures

### Conditions that apply to cover 15

It is a condition precedent to **Our** liability that:

1. Each time **You** undertake Micropigmentation, it must be carried out by an operative trained for Eyeliner, Eyebrow Liner and Lip Liner having been trained by an authorised teacher who will have issued the relevant certification
2. **You** must obtain a consent form completed and signed by the client
3. **You** will use a new sterile needle for each new treatment which will be disposed of immediately afterwards into a sharps container

If **You** do not comply with these conditions **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 16 - Micro Dermabrasion/ Skin Rejuvenation

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Micro Epidermal Skin Technology, Micro Dermabrasion, Skin Rejuvenation (including pigmentation of the skin, sun damaged skin, clearing, removal of brown spots and marks), Photo Rejuvenation and Acne Clearance by means other than Intense Pulsed Light, Variable Pulsed Light, Light Heat Energy and Laser Systems

Omnilux Revive, Omnilux Plus and Omnilux Blue treatments are included.

## Cover 17 - Sclerotherapy

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Sclerotherapy by hypodermic injection, Mesotherapy by use of injection.

### Conditions that apply to cover 17

It is a condition precedent to **Our** liability that each time **You** undertake sclerotherapy treatment by hypodermic injection, this must be performed in accordance with advice from the client's General Practitioner and **You** must have attended an approved training course in Sclerotherapy delivered by an appropriate practitioner. In respect of Mesotherapy **You** must be fully trained and qualified to carry out the treatment.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 18 - Laser Hair Removal

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Laser Hair Removal (Fitzpatrick Scale 1 to 4 only)

### Conditions that apply to cover 18

It is a condition precedent to **Our** liability that each time **You** undertake laser hair removal (Fitzpatrick Scale 1-4) treatments these must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 19 - Ear Piercing (Cartilaginous)/Nose Piercing

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Ear Piercing of the Cartilaginous part of the ear, Nose Piercing

### Conditions that apply to cover 19

It is a condition precedent to **Our** liability that each time **You** undertake ear piercing of the cartilaginous part of the ear or nose piercing these treatments must be carried out using an ear piercing system that has been CE Marked.



If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 20 - Ear Candles

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Ear Candling

### Conditions that apply to cover 20

It is a condition precedent to **Our** liability that each time **You** undertake ear candling **You** must ensure all ear candles used incorporate a safety filter.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 21 - Skin Rejuvenation by Laser / IPL

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Micro Epidermal Skin Technology, Micro Dermabrasion, Skin Rejuvenation, Photo Rejuvenation and Acne Clearance by Intense Pulsed Light (IPL), Variable Pulsed Light (VPL), Light Heat Energy (LHE) and Laser Systems, Inch Loss , Stretch Mark And Eye Bag Reduction By Laser Lipo. Excluding Smart Lipo and Tattoo Removal

### Conditions that apply to cover 21

It is a condition precedent to **Our** liability that each time **You** undertake all such treatments these must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols.

It is a condition precedent to **Our** liability that the application of any of the treatments listed in cover 21 is only undertaken by someone with a level 2 NVQ qualification who holds a specific laser qualification.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 22 - Counselling

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Counselling (other than Psychotherapy), Dietary, Posture and Nutritional Advice, E-Lybra Balancing Machine, Food Intolerance, Vitamin and Mineral Deficiency Testing by use of Diagnostic Unit

### Conditions that apply to cover 22

It is a condition precedent to **Our** liability that each time **You** provide dietary and nutritional advice **You** must ensure that **Your** client obtains consent from their General Practitioner prior to commencing a slimming diet under **Your** advice or instruction.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 23 - Laser Therapy

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Low Intensity Light Treatment, Low Power Laser Therapy for dermatological and chiropody applications only

### Conditions that apply to cover 23

It is a condition precedent to **Our** liability that each time **You** undertake Low Power Laser Therapy for Dermatological and Chiropody Treatments these treatments must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 24 - Advanced Micropigmentation

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Advanced Micropigmentation Procedures (including Body Art, Areola Re-pigmentation, Scar / Disfigurement / Stretch Mark Camouflage, Re-pigmentation of Vitiligo, Cleft Palate, Multitrepannic Collagen Actuation and Hair Replacement on the hairline or scalp but excluding tattoo removal and all other procedures)

### Conditions that apply to cover 24

It is a condition precedent to **Our** liability that each time **You** undertake Advanced Micropigmentation **You** must ensure that:

- (a) treatment is carried out by an operative who has completed advanced training in a face to face environment and who has had at least one years experience in basic micropigmentation without having any claims against them or their employers due to their work.
- (b) A consent form must be completed and signed by the client
- (c) a new sterile needle is used for each new treatment which will be disposed of immediately afterwards into a sharps container

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 25 - Sports Massage

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Sports Massage

### Conditions that apply to cover 25

It is a condition precedent to **Our** liability that if **You** undertake Sports massage **You** must hold Level 3 of the National Qualifications Framework or equivalent qualification and **You** must ensure that the client completes a pre-treatment questionnaire prior to treatment being given which is retained by **You** and available to **Us** if a claim arises confirming that the treatment given was suitable.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 26 - Micro Needling

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Micro Needling

### Conditions that apply to cover 26

It is a condition precedent to **Our** liability that each time **You** undertake micro needling **You** must ensure that:

- (a) Any local anaesthetic cream is used that is not based on nanosomes
- (b) Rollers with needles longer than 1.5mm will not be used
- (c) Each medical roller will
  - (i) only be used for one customer
  - (ii) be sterilised prior to each use
  - (iii) be discarded after 6 uses
- (d) sterilisation fluids used to sterilise medical rollers are replaced daily

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 27 - Laser Hair Removal

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Laser Hair Removal (Fitzpatrick Scale 5 and 6 only)

### Conditions that apply to cover 27

It is a condition precedent to **Our** liability that each time **You** undertake laser hair removal (Fitzpatrick scale 5 or 6) these treatments must be carried out within a salon where **You** provide and adhere to appropriate treatment protocols.

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 28 - Advanced Electrolysis Advanced Cosmetic Procedures

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Each time **You** undertake treatment of the following blemishes **You** must carry out the treatment using thermolysis (alternating current), shortwave diathermy (alternating current), galvanic (direct current), or blend method (alternation and direct current)

- Dermatitis Papulosa Nigra
- Dilated blood vessels – Red/Thread Veins
- Campbell de Morgans/Cherry Angiomas
- Spider Naevus
- Skin Tags or Papillomas
- Milia
- Seborrhoeic Keratosis
- Common Warts
- Plane Warts
- Verrucas (plantar warts)
- Hairs from moles

- Moles
- Xanthelasma
- Syringoma
- Age Spots
- Sebaceous Cysts
- Sebaceous Naevi
- Sebaceous Hyperplasia
- Molluscum Contagiosum
- Poikiloderma

and **You** must hold either a Sterex Advanced Cosmetic Procedures Certificate or the British Institute and Association of Electrolysis equivalent

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.

## Cover 29 - Cryolipo

If this cover is shown as insured on **Your Schedule** then **We** will cover **You** for the following:

Each time **You** undertake treatment **You** must ensure that:

- a) Treatments are carried out using bona fide equipment specifically designed and approved including relevant EN/CE or equivalent
- b) The procedure is carried out within a salon where **You** provide and adhere to appropriate treatment protocols.
- c) **You** warn customers of discomfort during treatment and temporary loss of sensation in the area treated and clients sign to say they have read the warning
- d) Any patient with any type of old induced disease (such as cold urticarial) must not be treated

If **You** do not comply with this condition **You** will not be covered and **We** will not make any payment in respect of a claim.