

PROFESSIONAL BEAUTY DIRECT
PUBLIC PRODUCTS AND TREATMENT LIABILITY

CERTIFICATE OF INSURANCE

Insurance Product:

Name of Insured:

Address of Insured:

Postcode of Insured:

Policy Number:

Customer Reference:

Date of Commencement of Insurance:

Date of Expiry of Insurance:

Additional Treatments:

Cover for Additional Professional Treatments only
applies for those treatments listed to the right and is
subject to the Insured holding the correct and
relevant Certificates and/or qualifications.

Property Insurance Section Operative:

Teacher Training Section Operative:

Limit of Indemnity:

Public Liability:

Products Liability:

Treatment Liability:

This policy provides cover only in respect of the person named as the Insured and is not transferable.

Underwritten By
Ascot Underwriting Ltd
20 Fenchurch Street
London
EC3M 3BY

Standard Treatments:

Please see the Policy Wording for full Terms and Conditions regarding these Treatments

Additional Extensions/Treatments:

Please see the Policy Wording for full Terms and Conditions regarding these Treatments

Name of Insured:

Policy Start Date:

Policy End Date:

Policy Number:

Policy Type:



Fast - Efficient - Direct

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