



## Policy Documentation



## POLICY SCHEDULE

**Policy Number:** 000C7JMED220

**The Insured:** Lucy Peates

**Address:**

**Insureds Business:** Nurse

**Period of Insurance:**  
From: 01/03/2022  
To: 28/02/2023  
both days inclusive

**Premium:** GBP

**Applicable taxes:** GBP

**Total Amount Payable:** GBP

**Proposal Form Dated:** 01/03/2022

**Declaration Dated:**

**Payment Terms:** This Policy could be cancelled if the premium is not paid within the terms and conditions contained within the General Conditions section of the wording

**Signed by Omnyy LLP on behalf of Insurers as noted in each applicable Section.**



**Misan Boyo**

03/03/2022

**MEDICAL MALPRACTICE LIABILITY**

**Limit of Indemnity:** GBP 5,000,000  
**Excess:** GBP 0

**PUBLIC LIABILITY**

**Limit of Indemnity:** GBP 1,000,000  
**Excess:** GBP 250

**PRODUCT LIABILITY**

**Limit of Indemnity:** GBP 1,000,000  
**Excess:** GBP 250

**Public/Products Liability Premium:** GBP 0.00  
**Applicable Taxes:** GBP 0.00

**Medical Malpractice Liability Premium:** GBP 418.50  
**Applicable Taxes:** GBP 50.22

**Basis Of Limit:** in the aggregate, across all sections Inclusive of **Defence costs**

**Basis of Excess:** Each and every claim, inclusive of **Defence costs**

**Written Line:** 100%

**Territorial Limits:** Worldwide excluding USA & Canada

**Jurisdictional Limits:** Europe

**Governing Law & Jurisdiction:** England & Wales

**Retroactive Date:** 01/03/2022

**The Underwriters:** Omnyy LLP writing on behalf of:  
Newline Insurance Company Limited

**Binding Authority attaching to:** B1519MED21001

**Wording:**

Omnyy Combined Medical Malpractice Public and Products Liability Insurance 11\_21

**Endorsements:**

Tacit Renewal

## Information

**Approved Treatments:**

Allergy Testing (Patch and Skin Prick Testing)  
Application of branded third party skin care products  
Botulinum Toxin  
Dermal Fillers  
Hyaluronidase/Hyalase  
Lidocane/Lignocaine  
Local Anaesthetic applications for Aesthetic Treatments  
Pain relief injections/creams

**ENDORSEMENT**

**Attaching to and forming part of Policy No.** 000C7JMED220  
**The Insured:** Lucy Peates  
**Endorsement No:** 1  
**Endorsement Effective Date:** 08/03/2022  
Local standard time

**The Policy is amended as follows:**

Adding 'IM Vitamin Injections' to the list of Approved Treatments.

**All other terms, conditions, limitations and exclusions of the Policy remain unaltered.**

**Signed:**



**Misan Boyo**

08/03/2022

**IMPORTANT NOTICE**

In consideration of the payment of the premium by the **Insured** the **Insurer** shall, subject to the terms, conditions, limitations, exclusions and any endorsement(s) of this **Policy**, provide the insurance detailed in this **Policy**.

**Please read this Policy carefully to ensure that it is in accordance with your requirements and that you understand its terms, conditions, limitations, exclusions and any endorsement(s).  
The insurance broker or other intermediary who arranged this Policy  
should be contacted immediately if any correction is necessary.  
This Policy is provided on a "Claims-Made" Basis.**

**Who We Are**

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