



## Important information

This proposal form is for a **claims made** policy. A claims made policy only responds to claims made against the insured and notified to insurers during the period of insurance arising from treatment provided on or after the policy **retroactive date**. This proposal form can be completed electronically or by hand and must be signed and dated by an authorised representative of the insured. All hand written notes must be clearly legible and all questions should be answered fully, stating “Nil” or “None” as applicable. Incomplete answers may delay quotation.

Please attach all supporting documents and include as much detail as possible, using the additional sheets as required.

### What you need to tell insurers

It is your duty to make a fair presentation of the risk to the Insurers in accordance with Section 3 of the Insurance Act 2015 by disclosing to insurers all circumstances and representations material to the proposed insurance.

For a summary, please refer to the LMA9117 at the back of this Proposal Form and Section 3 of the Insurance Act 2015 for a full explanation of the Duty of Fair Presentation.

A circumstance or representation is material if it would influence the judgement of a prudent insurer in determining whether to take the risk and, if so, on what terms.

**Please ensure you have signed and dated the declaration statement at the end of this proposal form.**

## Section 1 – General information

### 1.1 Name of organisation

a) Trading name (if different)

### 1.2 Principal trading address

Country

Registered address

Country

For additional locations please complete Addendum 1 – additional locations and addresses

- 1.3 a) Date established (DD/MM/YYYY) / /
- b) Contact telephone
- c) Website address
- d) Email address



1.4 Type of organisation (please choose from list)

Outpatient surgery centre	Clinical research establishment
Emergency / urgent care centre	Drug testing centre
Ambulance service	First aid / paramedic group
Primary care clinic	Industrial / occupational health
Speciality care clinic	Medical employment agency
Pathology lab	Aesthetic treatment clinic
Repatriation services	Rehabilitation centre
Air ambulance	Home health service
Nursing & residential care home	Diagnostic imaging facility
Hospice	Complementary medicine facility
Telemedicine	Other (please specify)

1.5 Tax status      For profit                  Not for profit                  Public                  Government entity

1.6 Please list the associations, professional bodies and regulatory organisations with whom you hold a licence/membership:

1.7 Have you ever had a dispute with any regulatory body regarding an inspection report?                  Yes                  No  
 If Yes, please provide details.

1.8 Do you provide management services to other institutions or vice versa?                  Yes                  No  
 If Yes, please provide details.

## Section 2 – Financial information

2.1 Please provide the following information for the past, current and future financial years:

	Past financial year	Current financial year	Next year (estimate)
Gross revenue			
Operating profit/loss			
Net cash			

## Section 3 – Professional services

3.1 Please provide a full description of the professional healthcare services for which cover is sought:

## Section 4 – Exposure information

4.1 Do you have any inpatient facilities? Yes      No

If Yes, please show the number of beds for each section for the previous, current and estimated year.

Beds	Previous year	Current year	Next year (estimate)
Adult			
Child			
Elderly			
Mental health			
Mental health (sectioned patients)			
Other (please specify)			

For additional types please complete the supplementary information page.

4.2 Please provide details of patient numbers:

Patient encounters	Previous year	Current year	Next year (estimate)
Outpatient visits			

4.3 Do you anticipate any material changes to your activities in the forthcoming 12 months? Yes      No

If Yes, please provide details.

## Section 5 – Medical staff & procedures

5.1 Please provide the numbers of your medical staff for the forthcoming period of insurance

Doctors	Employed		Non-employed		Surgeons	Employed		Non-employed	
	Yes	No	Yes	No		Yes	No	Yes	No
Coverage required?					Coverage required?				
General practitioners					Dentists				
Psychiatrists					Registered nurses				
Radiologists					Nurse practitioners				
Obstetricians					Midwives				
Gynaecologists					Nurse anaesthetists				
Anaesthetists					Lab technicians				
General surgeons					Paramedics				
Orthopaedic surgeons					Complementary				
Cosmetic surgeons					Pharmacists				
Trainee doctors					Other (please specify)				
Other (please specify)					Other (please specify)				
Other (please specify)					Other (please specify)				

5.2 Do you require that all non-employed medical staff:

- a) Carry their own medical professional liability insurance or maintain Indemnity via a medical defence organisation? Yes      No

If Yes, please specify the limits required:

- b) Provide evidence of this coverage on an annual basis, as part of your practitioner credentialing process? Yes      No

5.3 Do you provide facilities for the sterilisation of instruments in accordance with current guidelines and do you ensure that cross infection control methods are employed? Yes      No

If you do not have an in-house sterilisation facility, please state what arrangements you have in place

5.4 Do you comply with the current guidelines for the safe collection & disposal of any clinical/medical waste products? Yes      No

5.5 Are your Medical Records? Written      Electronic

5.6 How long are medical records retained from the date of treatment?

**Please note it is a requirement of this policy that all records are retained for a minimum period of 10 years, and in the case of minors, 10 years from majority and in the case of a patient with mental incapacity, indefinitely.**

## Section 6 – Incidents, complaints & claims

6.1 Do you manage claims in-house? Yes      No

If Yes, please attach details.

6.2 Please list all claims made against your organisation and all circumstances that could give rise to a complaint and/ or claim during the last 10 years. If none, please state “None” For additional space please use the supplementary information pages. Please provide dated copies of any claim sheets from previous insurer(s).

Claim/ complaint/ incident	Status open or closed	Incident date (dd/mm/yyyy)	Reserve (£/€)	Total value (£/€)	Description/ nature of allegations

## Section 7 – Insurance history / current requirements

7.1 Please provide full details of your previous and current medical professional liability cover:

Year	Insurer	Period of cover	Limit of indemnity	Excess	Premium

7.2 Has any application for this type of Insurance cover ever been:

- |                                  |     |    |
|----------------------------------|-----|----|
| i) declined?                     | Yes | No |
| ii) cancelled?                   | Yes | No |
| iii) required any special terms? | Yes | No |
| iv) none?                        | Yes | No |

If any of the above are applicable, please provide detailed explanation and additional information on the supplementary sheet(s)

7.3 Please confirm if you require cover for past work (retroactive cover) Yes      No

If Yes, please confirm the date you have held continuous cover (DD/MM/YYYY) / /  
on a claim made basis

7.4 Please provide details of the limit and excess required:

Limit of indemnity Excess

7.5 Has any proposal for similar insurance been made on behalf of the proposer’s business, any predecessor of the business, or any partner, principal, director ever been declined or has such insurance ever been cancelled, had renewal refused or had any special terms imposed (other than general market increases)? Yes      No

If Yes, please provide details.

7.6 Please provide details of the territories / legal jurisdiction(s) in which coverage is required:

## Declaration

Please use the supplementary page(s) to add any pertinent information or additional information as may be required to fully answer the questions.

Prior to the commencement of the contract of insurance, you must make a fair presentation of the risk to be insured under this Policy in accordance with the terms of the Insurance Act 2015. I/We 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/we undertake to inform insurers of any material alteration to these facts occurring before the completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any policy period (and any extension thereto).

In accordance with the Insurance Act 2015, I/we declare that I/we have made a fair presentation of the risk. If you are unsure of your duty of fair presentation, please ask your broker for further information.

**Signing this Declaration does not bind the proposer to complete this insurance.**

Signature

Full name

Date            /            /



## Insurance Act 2015 – Duty of fair presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
  - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
  - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
  - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.
2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
  - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
  - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
  - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

## Supplementary information

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number.