

proposal  
form



## 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 insured.

1.2 Address

Country

Please state the following for the named insured.

- a) Date of birth (DD/MM/YYYY) / /
- b) Contact telephone
- c) Email address

1.3 Please list licensing/registration body with whom you hold a valid licence/membership:

- a) Please provide your registration number:
- b) Your registration date: (DD/MM/YYYY) / /
- c) Your registration type:
- d) Date of first registration: (DD/MM/YYYY) / /

1.4 Please list the associations and any other relevant regulatory bodies or organisations with which you hold a licence or membership:

1.5 Has membership of or registration with such licensing/registration body ever been refused, suspended, withdrawn or had conditions imposed? Yes      No

If Yes, please provide details on the supplementary information page

1.6 Please confirm which discipline (s) of medicine you require cover:

Audiologist	Cardiologist	Dentists*	Dermatologist	Dietician
Endocrinologist	First Aider	General practitioner	Gynaecologists	Haematologist
Immunologist	Medical lab technician	Microbiologist	Neurologist	Nuclear medicine
Nurse	Nutritionist	Occupational therapist	Oncologist	Ophthalmologist
Optometrist/ Optician	Orthodontist*	Orthopaedics*	Paediatrician	Paramedic
Pathologist	Perfusionist	Pharmacist	Physiologist	Physiotherapist
Physicians	Prosthetist/ Orthotist	Psychiatrist	Radiographer	Radiologist
Sonographer	Speech therapist	Surgeon*	Urologist	Venereologist
Other (please specify)				

For those disciplines marked with a \*, please complete Addendum 1

## Section 2 – Business information

2.1 Please provide details of your income based on your activity(s) for which you require cover and the number of patients you treated. This excludes income from goods/products.

	Income	Number of patients
Previous year		
Estimated year		

## Section 3 – Previous insurance history

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

Year	Insurer/MDO	Period of cover	Limit of indemnity	Excess	Premium

3.2 Has any application for this type of insurance cover ever been

Declined      Cancelled      Required any special terms      None

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

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

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

3.4 Please provide details of the limit and excess required:

Limit of indemnity Excess



## Section 4 - Claims history

5.1 Please list all claims made against the insured 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 pages.

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

## 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            /            /

# Addendum 1

## Surgeon Addendum

Please advise the percentage split of all types of surgery you perform:

Surgery	% Split	Surgery	% Split
Bariatric		Orthopaedic	
Cardiac		Spinal Surgery	
Elective Cosmetic		Surgery (Minor)	
Elective TOP		Surgery (Intermediate)	
Gender Reassignment		Surgery (Major)	
Other (please specify below)	% Split	Other (please specify below)	% Split
Other		Other	

## Dentist Addendum

Please advise the percentage split of the dentistry work you perform:

Area	% Split	Speciality	% Split
Aesthetics & Cosmetic Dentistry		Oral Surgery	
Anaesthesia/Sedation		Orthodontics	
General Dentistry		Surgical Periodontal Treatment	
Implantology		Other (Please Specify Below)	% Split
		Other	

## 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.