

# Beazley | Virtual Care UK

# Beazley Virtual Care Application

- This Application is for a claims made and reported policy. A claims made and reported policy only responds to claims made against the insured and notified to insurers during the policy period arising from any professional services wrongful act, malpractice incident, cyber incident, accident, tech services wrongful act, tech products wrongful act, act, error, omission, incident, event, conduct or matter occurring on or after the policy retroactive date. This Application can be completed electronically or by hand and must be signed and dated by an authorised representative of the insured organisation. 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 Application 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 Application.

## Section 1 – General Details

Name of your organisation:

Trading name (if different from the above):

Registered address:

Website address:

Date established: (dd/mm/yyyy) / /

ERN:

Please provide below a full description of all your professional and medical services activities:

a. What is the total gross revenue from all activities for which you require cover?

	Estimate for current financial year	Actual last complete financial year	Prior year 2	Prior year 3
(dd/mm/yyyy)	/ /	/ /	/ /	/ /
UK				
EU				
EIRE				
USA/Canada				
Elsewhere				
(specify)				
Gross Revenue				

b. Please provide a breakdown of all your activities for the current financial year as follows:

Activity						
Healthcare		UK	EU	EIRE	USA/ CANADA	Elsewhere
Face to face patient consultations	Revenue %					
	Number of patients					
Remote telehealth patient consultations	Revenue %					
	Number of patients					
Remote Teleradiology (scanning and diagnostic) services	Revenue %					
	Number of patients					
Remote patient monitoring services	Revenue %					
	Number of patients					
Prescription fulfilment / mail order pharmacy services	Revenue %					
	Number of patients					
Laboratory or diagnostic testing services	Revenue %					
	Number of patients					

Please provide a breakdown of all your activities for the current financial year as follows:

Activity						
Technology		UK	EU	EIRE	USA/ CANADA	Elsewhere
Sales, distribution of packaged software	Revenue %					
Sales, distribution or licensing of your own medical technology products or software	Revenue %					
Sales or distribution of third party medical technology products	Revenue %					
IT Consulting, including consulting on hardware and/software system design	Revenue %					

Please provide a breakdown of all your activities for the current financial year as follows:

Products		UK	EU	EIRE	USA/ CANADA	Elsewhere
Manufacture, license, distribution or sale of wearable or mobile technology products (lifestyle)	Revenue %					
	Number of units					
Manufacture, license, distribution or sale of wearable or mobile technology products (condition management, self-care or symptom checking)	Revenue %					
	Number of units					
Manufacture, license, distribution or sale of wearable or mobile technology products (lifestyle)	Revenue %					
	Number of units					
Manufacture, license, distribution or sale of laboratory or diagnostic testing kits	Revenue %					
	Number of units					

c. Please list your three largest contracts?

Contract size	Duration	Nature of services

d. Please confirm:

- i. You have all the relevant licences, authorisations or certifications in place to conduct the activities declared in this Application. Yes    No
- ii. There are no outstanding requirements from your most recent regulatory inspection? Yes    No
- iii. You have never been in dispute with or investigated by a regulatory or licensing body? Yes    No

If 'No' to either a., b., or c. above please provide details below:

e. Do any of the activities declared including those performed by third parties include the prescribing of opioids, depressants or stimulants? Yes    No

If 'Yes' do you:

- i. track and analyse prescriptions of opioids, depressants and stimulants? Yes    No
- ii. have systems in place to identify any unusual prescribing patterns? Yes    No
- iii. include as part of your governance and training policies, initiatives that address the over prescribing of opioids, depressants and stimulants? Yes    No

If 'No' to i., ii., or iii. above please provide details of how you manage your exposure to over prescribing these drugs.

## Section 2 – Medical Practitioners Information

- |       |  |     |    |
|-------|--|-----|----|
| a.    | Do you require insurance for your employed, sub-contracted, bank or locum medical practitioners as part of this application? <b>If 'Yes' please complete Appendix A.</b>   | Yes | No |
| i.    | If 'No', do you require all medical practitioners whether employed, sub-contracted, bank or locum to purchase a regulated insurance policy with a minimum Limit of Liability of £5,000,000 in the aggregate and in all in any single policy period?                          | Yes | No |
| ii.   | If you require all medical practitioners whether employed, sub-contracted, bank or locum to purchase a regulated insurance policy but the minimum Limit of Liability is less than £5,000,000 in the aggregate, please state what the minimum Limit of Liability you require: |     |    |
| iii.  | Is evidence of valid insurance as required in a. above recorded and checked by you at least on an annual basis?  | Yes | No |
| b.    | For all Medical practitioners whether employed, contractors, sub-contractors, consultants or locums, please confirm:   |     |    |
| i.    | You obtain a signed standard contract of employment or engagement before commencing work?  | Yes | No |
| ii.   | You obtain appropriate written and verbal references before hiring or placement?   | Yes | No |
| iii.  | You provide a detailed Job description?  | Yes | No |
| iv.   | You obtain a Disclosure and Barring Service (DBS) check (or the equivalent in each jurisdiction you operate), prior to commencing duties   | Yes | No |
| v.    | You check they hold a valid licence to practice in the UK (or the equivalent in each jurisdiction you operate) and issued by a recognised licensing Body?  | Yes | No |
| vi.   | You check their credentials at least every 12 months?  | Yes | No |
| vii.  | You provide training, professional development, supervisions and appraisals necessary for them to carry out their role and responsibilities?   | Yes | No |
| viii. | You support them to obtain further qualifications and provide evidence, where required to show that they meet the professional standards needed to continue to practice?   | Yes | No |
- If 'No' to any of the above, please provide details of the procedures you have in place below:

## Section 3 – Media Liability

- |    |  |     |    |
|----|--|-----|----|
| a. | Do you have a procedure for responding to allegations that content created, displayed or published by you is libellous, infringing, or an in breach of a third party's privacy rights? | Yes | No |
| b. | Do you have a qualified legal professional review all content prior to posting?  | Yes | No |
| c. | Do you have a qualified medical practitioner review all medical and healthcare data and content prior to posting?  | Yes | No |

If 'No' please specify what procedures you have in place to ensure content created is legal:

## Section 4 – Cyber & Data Privacy

### Computer & network security

- |    |  |     |    |
|----|--|-----|----|
| a. | Have you suffered any known intrusions (i.e. unauthorised access) of your computer systems in the most recent past twelve (12) months? | Yes | No |
|----|--|-----|----|

If 'Yes', how many intrusions occurred?

Please provide details:

- |    |   |     |    |
|----|---|-----|----|
| b. | Do you mandate documented staff training for every employee user of your information systems in security issues and procedures for your Computer Systems at least on an annual basis? | Yes | No |
|----|---|-----|----|

### Management of content and privacy exposures

- |    |  |     |    |
|----|--|-----|----|
| i. | Does the Applicant collect, process, or maintain private or personal information as part of its Business activities? | Yes | No |
|----|--|-----|----|

If 'Yes'

- |     |   |     |    |
|-----|---|-----|----|
| ii. | Is any of this information regulated by HIPAA, GLB, the GDPR or other laws or legislation protecting private or personal information? | Yes | No |
|-----|---|-----|----|

- |      |   |     |    |
|------|---|-----|----|
| iii. | Has the organisation implemented and completed a GDPR compliance project? | Yes | No |
|------|---|-----|----|

	If the answer is 'No', is a project planned?	Yes	No
--	--	-----	----

- |     |  |     |    |
|-----|--|-----|----|
| iv. | Does the applicant have a legally reviewed privacy policy? | Yes | No |
|-----|--|-----|----|

**Computer system access protection**

c. Does the Applicant provide remote access to its Computer Systems? Yes No

If 'Yes',

- i. How many users have remote access?
- ii. Is remote access restricted to Virtual Private Networks (VPNs)? Yes No
- iii. Do you require multi-factor authentication for remote connections to your computer systems? Yes No

If 'No', describe the extent to which other remote access is allowed, such as modem dial-in accounts, Remote access Servers (RAS), or dedicated Frame Relay (FR) communications.

d. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? Yes No

e. Does the Applicant use intrusion detection software to detect unauthorized access to their network? Yes No

**Data backup procedures**

f. Is all valuable/sensitive data backed-up by the Applicant every day and stored securely? Yes No

If 'No', please describe exceptions:

**Data encryption procedures**

g. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted? Yes No

If 'Yes', describe the types of 1) internal and 2) external communications which are encrypted.

h. Does the applicant have and enforce policies concerning encryption for data at rest? Yes No

i. Does the applicant have and enforce policies concerning encryption for mobile devices and media (backup tapes)? Yes No





## PCI compliance

- j. Please state how payment card transactions you (including a third party payment processor on your behalf) process each year:
- a. more than 6 million
  - b. 1 million to 6 million
  - c. 20,000 to 1 million
  - d. less than 20,000
- k. Are you currently compliant with the PCI Data Security Standards latest PCI Version Yes No
- l. Has the application undergone PA-DSS validation? Yes No
- If 'No', to any of the above please provide further information and/or list the name and version of software application(s) here:
- m. Do you store consumer card data in your systems for future transactions? Yes No
- n. Do you employ Tokenization or end-to-end encryption including tokenization (encryption of databases) to protect payment card data? Yes No
- o. Are employees, administrators, or vendors with remote access to payment systems or no applications authenticated using a 2-factor authentication mechanism? Yes No

## Section 5 – Public Liability

**Please confirm:**

- a. Away from your premises, you do not perform any physical manual work Yes No
- b. At your premises, you only perform activities associated with the normal running of an office Yes No
- c. You do not own or use any buildings or space outside of the UK Yes No

## Section 6 – Employers Liability

**Please confirm:**

- a. You do not perform any work over 5 metres in height or offshore Yes No
- b. You do not do any work with asbestos or any other dangerous or hazardous substances Yes No
- c. You do not perform any work involving heat Yes No
- d. You do not perform any physical manual work Yes No
- e. Are you exempt from providing an ERN Yes No

**Number of employees:** Full time Part time

## Section 7 – Legal Expenses

Please confirm:

- |    |   |     |    |
|----|---|-----|----|
| a. | You have never been refused insurance or had terms imposed on any previous policy   | Yes | No |
| b. | During the last three years, you have not been involved in any legal dispute that would have been covered by this policy and exceeds £5,000   | Yes | No |
| c. | During the last six months, or within the next 12 months, you have not made nor do you envisage making any structural change(s) to the business which has or may result in any redundancies | Yes | No |

## Section 8 – Operational Expenses

### Contracts

- |    |   |     |    |
|----|---|-----|----|
| a. | Do your written contracts with customers, clients, vendors or suppliers include:  |     |    |
|    | i. a mutual indemnification and hold harmless clause  | Yes | No |
|    | ii. a requirement that the third party purchases liability insurance with liability limits equal to or exceeding your limits. | Yes | No |

If 'No' to i., ii. above please provide further details below:

- |    |  |     |    |
|----|--|-----|----|
| b. | Are all written contracts approved by a qualified legal professional prior to signing? | Yes | No |
| c. | Is a written contract always signed prior to the commencement of services?             | Yes | No |

### Patient experience

- |    |   |     |    |
|----|---|-----|----|
| a. | Do you have a formal programme for clinical quality assurance?  | Yes | No |
| b. | Do you have a complaints policy and dedicated complaints handling officer for each geographical location you are operate? | Yes | No |

## Document retention

- a. Please confirm you have a document retention policy for the following documents and records which includes a contingency for long-term secure storage if you cease to trade:

We may require access to these documents and records in the investigation or defence of a claim.

- |      |   |     |    |
|------|---|-----|----|
| i.   | medical / patient records   | Yes | No |
| ii.  | obstetric records retained indefinitely   | Yes | No |
| iii. | electronic Fetal monitoring and Cardiotocography (EFM/CTG) readings Indefinitely                      | Yes | No |
| iv.  | employment applications, declarations, references, identity checks for all your staff and contractors | Yes | No |
| v.   | training records for all staff and contractors  | Yes | No |
| vi.  | Serious Incident Reports  | Yes | No |
| b.   | Do you maintain a record of all requests on behalf of patients for medical records?                   | Yes | No |

## Section 9 – Claims History

**Are you currently aware of, after full enquiry, any of the following during the past 5 years relating to the proposed insurance and cover extensions?**

- |      |   |     |    |
|------|---|-----|----|
| i.   | Any claim or potential claim, circumstance, complaint, demand or proceeding brought or threatened against your organisation, or any of your directors, employee for any incident which could lead to such a claim, circumstance, complaint or proceeding? | Yes | No |
| ii.  | Any investigation, inquiry or adverse finding by any professional body, tribunal, Government, regulatory or registration body against your organisation, or any of your directors, employee?  | Yes | No |
| iii. | The declination of a claim or potential claim, circumstance, complaint, demand or proceeding brought or threatened by previous or current insurer?  | Yes | No |
| iv.  | The cancellation, non-renewal or special conditions imposed by your previous or current insurer?  | Yes | No |

If the answer is 'Yes' to i., ii., iii., or iv. above, please provide full details:

## Section 10 – Previous Cover

	Insurer	Limit of liability	Excess/ deductible	Retro-active date	Start or renewal date	Premium
Medical malpractice						
Tech E&O						
Cyber/breach response						
Public liability						
Products liability						

## Section 11 – Cover Requirements

Limit	Limit of liability	Excess/deductible	Retro-active date
Medical malpractice			
Tech E&O			
Cyber/breach response			
Public liability			
Products liability			

## Section 12 – 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 application 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 Application 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:

Print name:

Position held (Owner, partner, authorized officer):

Title:

Date:            /        /

### **ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED**

Completing and signing this Application form does not bind coverage. Coverage will not be bound, nor will a policy be issued, until the proposer signifies acceptance of the Company's premium quotation

## Appendix A – Medical Practitioners

Please tell us the number of Full Time Equivalents (FTEs)

Cover required	Number of employed	Has own malpractice insurance		Number of independent contractors	Has own malpractice insurance	
		Yes	No		Yes	No
Acupuncturists						
Adult Nurses						
Advanced Nurse Practitioners						
Advanced Paramedics						
Advanced Pharmacists						
Allied Healthcare Practitioner						
Call Handlers						
Care Worker						
Children's Nurse						
Clinical Nurse Specialists						
Clinical Shift Managers						
Complementary Medicine Practitioner						
Counsellors						
Critical Care (Outreach) Nurse						
District Nurse						
Health Care Assistants						
ICU/NICU Nurses						
Lab Technicians						
Mental Health Nurses						
Midwives						
Occupational Therapists						
Osteopaths						
Paramedics						
Pharmacy Assistants						
Pharmacists						
Physician Assistants						
Physiotherapists						
Prescribing Pharmacist						
Radiographers						
Registered Nurses						
Sonographers & Scanners						
Staff /Charge / Ward Nurses						
Students						
Theatre Nurses						
Triage Nurses						
Other (please specify)						

Please tell us the number of Full Time Equivalents (FTEs) Doctors and Consultants:

Cover required	Number of employed	Has own malpractice insurance		Number of independent contractors	Has own malpractice insurance	
		Yes	No		Yes	No
A&E / Trauma						
Bariatric/weight loss						
Cardiology						
Colorectal						
Cytopathology						
Dentistry						
Dermatology						
Diabetic						
Endocrinology						
Elderly Medicine						
Embryologists						
Gastroenterology						
General Medicine (Internal)						
General Practice (NHS)						
General Practice (Private)						
Geneticists						
Haematology						
Infectious diseases						

Cover required	Number of employed	Has own malpractice insurance		Number of independent contractors	Has own malpractice insurance	
		Yes	No		Yes	No
Nuclear Medicine						
Neonatal						
Obstetrics / Gynaecology						
Occupational Medicine						
Oncology						
Ophthalmology						
Optometrists						
Orthopaedic						
Pathology						
Paediatric						
Podiatry						
Plastic (non elective)						
Plastic (elective)						
Psychiatric						
Radiologist						
Urology /Renal						
Resident Medical Officer						
Other (please specify)						

## 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.