



**PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM FOR
MEDICAL MALPRACTICE**

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This proposal form must be completed in black ink by a Partner, Principal or Director of the Company. All questions must be answered to enable a quotation to be given but the completion and signature of this proposal does not bind you or the Underwriters to enter into a Contract of Insurance. If there is insufficient space to answer any question fully, please attach a signed and dated continuation sheet.

If you have a brochure, please provide a copy as well as any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS IN BLACK INK TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL

Section 1 – Your Company and Staff

- a) Name of Individual or Company(s) ('You') including any Subsidiary Companies for whom cover is required:

| Name of Individual or Company(ies) | Date Established |
|------------------------------------|------------------|
| | |

- b) Address of all offices, including those of any overseas local offices or representatives:

| Address | Name of Partner, Principal or Director responsible |
|--------------------------------|--|
| Registered or principal office | |
| Second location (if any) | |
| Third location (if any) | |

- c) Name(s) of any previous company(s) requiring cover and details of the nature of work undertaken:

| | |
|--|----------------------|
| | Date Ceased Trading: |
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d) Please provide details of all Partners, Principals or Directors:

| Names of all Partners, Principals or Directors | Age | Qualifications | Date(s) Qualified | No. of years with this Company |
|--|-----|----------------|-------------------|--------------------------------|
| | | | | |
| | | | | |
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Please attach a C.V for any Partner, Principal or Director with less than 5 years experience in this occupation.

e) Please provide details of all full-time and part-time Consultants who are under a contract of service with you:

| Name of all Consultants | Age | Qualifications | Date(s) Qualified | No. of years with you |
|-------------------------|-----|----------------|-------------------|-----------------------|
| | | | | |
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| | | | | |

If less than 5 years experience in this occupation, please provide details of previous occupations:

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f) Is cover required for any Partner in respect of liability arising out of a previous business?

Yes / No

If 'YES', please give details:

| Name | Name of previous firm | Nature of firm's business | Date Partner left the previous firm and the reason for leaving |
|------|-----------------------|---------------------------|--|
| | | | |
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g) Are you admitted to membership of any Association or Professional Body?

Yes / No

If 'YES' please give details:

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- h) Have you or any person employed by you ever been subject to disciplinary proceedings by any Professional Body?

Yes / No

If 'YES', please give details:

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- i) Please state the total number of:-

| | |
|---|--|
| Partners, Principals or Directors | |
| Other Qualified staff | |
| Other Technical staff (excluding Administrative staff) | |
| Administrative and all other staff | |
| TOTAL | |

- j) How do you ensure that you and your staff keep up to date with changes in legislation and other legal developments which affect the type of work you do and the services you offer? Please provide details:

| |
|--|
| |
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- k) If you are a sole principal, please provide details of the arrangements for office supervision during your absence:

l)

| |
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- m) Do you work to a professional code of practice?

Yes / No

- n) Do you have written checklists and/or work procedures for the services which you provide?

Yes / No

- o) Do you have standard contract terms and conditions which you use in every case?

Yes / No

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If 'YES', please provide us with copies.

If 'NO', please explain why and detail the alternative methods you use to confirm terms of engagement with your clients:

- p)** Are you accredited, or in the process of being accredited, to any BS or similar Quality Assurance standard? **Yes / No**

If 'YES', please provide details:

Section 2 – Companies with whom you are associated

- a)** Do you undertake work for any partnership, company or organisation in which any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such partnership, company or organisation? **Yes / No**
- b)** Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organisation? **Yes / No**

If you have answered 'YES' to either of questions **a)** or **b)** please provide full details:

- c)** What percentage of your income is derived from the associated companies detailed above? %
- d)** Is cover required for the work you undertake for the associated companies detailed above? (Cover is restricted to claims made by independent third parties) **Yes / No**
- e)** Has any Partner, Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? **Yes / No**

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f) Has any Partner, Principal or Director been made personally bankrupt? **Yes / No**

If you have answered 'YES' to either of questions e) or f) please provide full details:

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Section 3 – Your Activities

a) Please state your gross fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of fees billed to clients based in the following territories:

| Year | UK | Overseas excl. USA & Canada | USA & Canada | Total |
|-------------------------------------|----|-----------------------------|--------------|-------|
| 200 to 200 | | | | |
| 200 to 200 | | | | |
| 200 to 200 | | | | |
| Next | | | | |
| Financial Year Ending (e.g. 31/12): | | / | | |

b) Please indicate the approximate percentage split in your fees (including payments to sub-contractors) for each of the following categories:

| Therapy/Activity | % | Therapy/Activity | % | | |
|----------------------------|---------------------------|--------------------------|----------------------|-----------------------|---|
| Acupressure | % | Homeopathy/Naturopathy | % | | |
| Acupuncture | % | Hopi Ear Candles | % | | |
| Alexander Technique | % | Hypnosis | | | |
| Allergy Testing | % | | a) for entertainment | % | |
| Applied Kinesiology | % | b) not for entertainment | % | | |
| Aromatherapy | % | Mc Timony Chiropractic | % | | |
| Bach Remedies | % | Magnet Therapy | % | | |
| Beauty Therapy | | Massage | | | |
| | a) Ear and Body-piercing* | | % | a) Indian Head & Foot | % |
| | b) Electrolysis | | % | b) Shiatsu | % |
| | c) Hair Removal | | % | c) Sports | % |
| | d) Red Vein Treatment | | % | d) Thai | % |
| e) Other* | % | e) Other* | % | | |
| Bio-Magnetic Therapy | % | Nursing* | % | | |
| Bowen Technique | % | Nutrition Therapy | % | | |
| Chiropody | % | Occupational Therapy | % | | |
| Chiropractic | % | Osteopathy | % | | |
| Colonic Irrigation | % | Physiotherapy | % | | |
| Colour/Light/Sound Therapy | % | Psychology | % | | |

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| Therapy/Activity | | Therapy/Activity | |
|---|---|------------------|---|
| Cosmetic Surgery* | % | Psychotherapy | % |
| Counselling* | % | Radionics | % |
| Cranio-Sacral Therapy | % | Reflexology | % |
| Crystal Therapy | % | Reiki | % |
| Cupping | % | Slimming Advice | % |
| Healing* | % | Teaching* | % |
| Herbal Medicine | % | Yoga/Pilates | % |
| Any Other Therapy % Please provide full details of what is involved | | | |
| Total 100% | | | |
| If you undertake one or more of the therapies/activities marked * please provide full details of what is involved | | | |

c) Please indicate an approximate split in your fees between:

| | | | |
|-------------------------|---|-------------|---|
| Case Management | % | Consultancy | % |
| Medico-Legal | % | Treatment | % |
| Other – details please: | | | % |

d) Over the past 5 years, and for the forthcoming 12 months, has there been or will there be any significant variation in the percentages shown in b) or c), i.e. +/- 25% per therapy/activity?

Yes / No

e) Is cover required for any previous, now ceased, therapy/activity which is different from that declared within this Proposal Form?

Yes / No

If you have answered 'YES' to questions d) or e) please provide full details:

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f) Do you undertake

i) any invasive or surgical techniques?

Yes / No

ii) clinical trials or tests on new medical equipment?

Yes / No

If you have answered 'YES' to questions f)i) or f)ii) please provide full details:

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| |
|--|

g) Do you prescribe and/or supply any products (including medicines, creams, etc)? Yes / No

If 'YES', please provide details:

| Product involved | Internal or external use? | Identity and location of producer/supplier | Approx fees |
|------------------|---------------------------|--|-------------|
| | | | % |
| | | | % |
| | | | % |

h) Do you carry out any treatment on animals?

Yes / No

If 'YES', please provide details:

| | Typical treatments carried out | Approx % of total fees relating to this | Maximum/Average value any |
|---------------|--------------------------------|---|---------------------------|
| Race Horses | | % | £ / £ |
| Racing | | % | £ / £ |
| Livestock | | % | £ / £ |
| Other Animals | | % | £ / £ |

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i) Do you enter into any contracts where legal jurisdiction is anything other than UK? **Yes / No**

If in answering Question **a)** you have declared fees in from any territory other than the UK or answered 'YES' to Question **i)** please give full details including nature of contract, dates, countries involved and jurisdiction applicable:

j) What percentage of your income is paid to sub-contractors?

Do you want us to provide cover to sub-contractors under your policy for claims made against them in respect of work they perform on your behalf? **Yes / No**

(Note: Your vicarious liability for the actions of sub-contractors employed by you is covered automatically)

If 'YES', please provide full details:

| Name | Qualifications | Work undertaken | Fees paid (last financial year) |
|------|----------------|-----------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

l) How do you control and review the work that sub-contractors undertake for you?

m) Do you enter into written agreements with your sub-contractors? **Yes / No**

n) Are sub-contractors undertaking work for you required to hold their own Professional Indemnity Insurance and if so, for what amount? **Yes / No**

£

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Section 4 – Your Professional Indemnity Insurance arrangements

- a) Please provide details of your current insurance. **You need not answer this question if you are currently insured with us.**

If you are not currently insured, please state 'Not Insured'.

| Insurer | Renewal Date | Limit of Indemnity (Any One Claim/Aggregate) | Premium (excl IPT) | Excess | Retroactive Date |
|---------|--------------|--|--------------------|--------|------------------|
| | | | | | |

- b) For how long have you been continuously insured?

Years

- c) Has any Insurer ever:-

- i) declined to offer Insurance to you or any Partner, Principal or Director? **Yes / No**
- ii) imposed any special terms on your Company or any Partner, Principal or Director? **Yes / No**
- iii) cancelled or voided an Insurance for you or any Partner, Principal or Director? **Yes / No**

If you have answered 'YES' to any of these questions please provide full details:

- d) What Limit of Indemnity do you now require? Please indicate by ticking the box(es) below:

£100,000 £250,000 £500,000 £1,000,000 Other Please state £

- e) An excess of at least £500 to £1000 will normally be a requirement of this insurance. However, a reduction in premium may be available if you are prepared to accept a higher, voluntary excess (each and every claim). If you are prepared to consider this, please state the amount of the excess you require our quotation to be based upon.

£100,000 £250,000 £500,000 £1,000,000 Other Please state £

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Section 5 –Your Systems for dealing with money

- a) Do you always obtain satisfactory written references when engaging senior employees? **Yes / No**
- b) Are you able to confirm that no Partner, Principal, Director or Employee is allowed to sign cheques on his/her signature alone? **Yes / No**
- c) Are Employees who receive cash/cheques in the course of their duties required to pay in daily? **Yes / No**

If you have answered 'NO' to any of the above please explain why by giving full details:

- d) How often are checks carried out on all entries in the Cash Book with all paying in books, receipts counterfoils and vouchers being reconciled with Bank Statements, including the balance of cash and unpresented cheques, independently of Employees receiving or banking monies belonging to you as well as in trust on behalf of others?

Weekly

Monthly

Quarterly

Other

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Section 6 – Your Claims history

CLAIMS- PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY - FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS - IF SPACE IS INSUFFICIENT PLEASE ATTACH A SIGNED AND DATED CONTINUATION SHEET TO ENABLE YOU TO PROVIDE FULL DETAILS.

a) Fidelity

- i) Have you sustained any loss through the fraud or dishonesty of any person? **Yes / No**
- ii) Do you know of any fraud or dishonesty at any time of any past or present Partner, Principal, Director or Employee? **Yes / No**

b) Professional Indemnity:-

- i) Has any claim, whether successful or not, ever been made against you, your predecessors in business or any past or present Partner, Principal, Director or Employee? **Yes / No**
- ii) Are you or any of the Partners, Principals, Directors or Employees **AFTER FULL ENQUIRY**, aware of any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Principal, Director or Employee? **Yes / No**

If you have answered 'YES' to **any** of the Claims Questions please provide full details including dates, amounts involved, brief details of the nature of the claim, whether the claim is paid or still outstanding and state the steps taken to prevent a reoccurrence.

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Additional Information

Please use this space to provide additional information in support of the answers given within the proposal form or simply to provide further details about you or your activities which you feel would be of interest to us.

Please clearly show the question number to which the information relates.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should disclose it. FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Underwriters to void the policy.

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 agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon. I/we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Date: _____

Signature of Partner, Principal or Director

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS