

## **IMPORTANT NOTICE**

**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.**

**All questions must be answered to enable a quotation to be given.**

**Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.**

**If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).**

**Once completed, please either: Post to -**

**Charles Insurance,**

**29 Hickman Road, Penarth,  
Vale of Glamorgan  
CF64 2AL**

**OR fax to -**

**029 2071 2919**

**OR scan and e-mail to**

**chris@pro-indemnity.co.uk**

**In case of difficulty with these forms, please ring**

**029 2070 2333**

**for assistance**

## Healthcare

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.  
For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

- 1) Please provide the following details (including trading names) of the Proposer/s:

<b>Full name of Insured:</b>		<b>Date Commenced:</b>
<b>Trading name if different from above:</b>		
<b>Address:</b>		
	<b>Fax:</b>	
<b>Postcode:</b>	<b>Telephone:</b>	
<b>Website Address :</b>	<b>Email Address:</b>	

- 2) Do you have any other offices and/or entities that require cover?

YES		NO	
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If **YES**, please provide full details:

<b>Name:</b>
<b>Address:</b>
<b>Details:</b>

- 3) Has the Insured or its principals been involved in any Healthcare activities under a different title than the above, in the last five years.

If **YES**, please provide full details:

YES		NO	
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<b>Title:</b>
<b>Trading Address:</b>
<b>Registered Address:</b>
<b>Nature of Activities:</b>

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4) Please describe your business activities in detail:

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5) Please state the following:

	Previous Financial Year	Estimate Current Year
<b>Total Gross Fee Income:</b>		
<b>Total Turnover:</b>		
<b>Total Gross Receipts:</b>		

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6) Please state the following:

Financial Year	Approximate number of patients/clients
Previous	
Current	

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7) (a) Please provide a full description of all of your activities:

<b>PLEASE PROVIDE A BROCHURE, IF AVAILABLE.</b>
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(b) Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

## Healthcare

	%
	%
	%
	%
	%
	%
	%
	100%

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8) (i) Are you licenced/registered by an applicable regulatory body/law to practise the activities outlined in Q4?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **YES**, please state Professional Body or Licensing Authorities:

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If **NO**, please give full details:

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(ii) Has membership with the above ever been suspended, withdrawn, declined or had conditions included?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If **YES**, please give a full explanation:

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## Healthcare

9) Do you always ensure and document that all Registered Medical and Dental Practitioners fulfil the following:

- They are members of the Medical / Dental Defence Organisation or
- Recognised by your National Medical / Dental Association or
- Are otherwise fully insured for their own Healthcare

YES		NO	
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**If NO, please note that this policy only covers claims made against the insured.**

If cover is also required for claims made against registered Medical /Dental Practitioners for work performed for the insured please provide additional information, including their name, date of birth, qualifications, practice details and whether they are employed /self employed by the insurer.

10) (i) **CURRENT INSURERS**

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

(ii) For what limit/s of indemnity are quotations required?

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11) (i) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

YES		NO	
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(ii) Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
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If **YES**, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(iii) What steps have been taken to prevent a recurrence?

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12) Is any Principal, **AFTER FULL ENQUIRY**, aware of:

(i) any circumstance which might give rise to a claim against the Firm, any predecessor or any past or present Principal?

YES		NO	
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(ii) any circumstance which might cause any loss to the Firm, any predecessor or any past or present Principal?

YES		NO	
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(iii) any matter which might otherwise affect the consideration of this proposal for insurance?

YES		NO	
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If **YES**, to any of the above, please give details:

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13) Has any proposal for similar insurance made on behalf of the Firm or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Firm ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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If **YES**, please give details:

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**Please read this paragraph carefully before signing the declaration:**

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties.

**Signature of Principal:**

**Date:**

A copy of this proposal should be retained by you for your own records.

**All questions must be answered fully, and those questions not relevant to you should be marked N/A.**

**If there is insufficient space, please provide details on your letterhead.**

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION