



Professional Insurance Portfolio Medical Malpractice Proposal form

The Hiscox Professional Insurance Portfolio is designed to meet all the insurance needs of a professional business.

You must complete the General information section, the Claims section and read and sign the Declaration.



Professional Insurance Portfolio

Medical Malpractice

Proposal form

General information

Company name:

Main address:

Please provide similar details for any other companies or businesses (including associated or subsidiary companies) requiring cover under this insurance, below.

Additional insured name and address:

Year business established:

How many locations do you operate from?

Total income

	Last completed financial year	Current year
UK law contracts	£	£
EU law contracts	£	£
US law contracts	£	£
Other law contracts	£	£

Please state the approximate number of patients/clients:

Last year:

Current year:

Your experience

Please confirm that one or more of the principals has at least five years experience in the relevant industry?

Yes No

If No, please provide CV's for all principals.

Description

Please give a full description of your business activities for which cover is required. (compulsory question)

Registration

Are you registered and licensed to practice in accordance with the appropriate regulatory body i.e. Health Commission?

Yes No

Please give details of the professional bodies, or Licensing Authorities you are registered with:



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Has any such registration/membership ever been suspended or withdrawn? Yes No
 If Yes, please give details on a separate sheet.

General

Do you work under normal contract conditions? Yes No
 If No, please supply details on a separate sheet.

Do you accept liability other than under the jurisdiction of the UK courts? Yes No

Professional persons

Please state the number of persons involved in the following professions:

	Employed	Self employed		Employed	Self employed
Anesthetist			Nurse		
Audiologist			Nutritionist		
Auxiliary nurse			Occupational therapist		
Beautician			Obstetrician		
Cardiology			Optometrist/optician		
Chiropodist			Osteopath		
Chiropractor			Orthopedics		
Complementary practitioner			Pediatrician		
Dermatologist			Paramedic		
Dentistry			Pathology		
Dietician			Pharmacist		
Domiciliary carer			Physiotherapist		
Doctor (GP)			Psychiatrist		
First aider			Podiatrist		
Gynecologist			Radiotherapist		
Haematologist			Social worker		
Midwife			Surgeon		
Other - please specify					

Are all registered medical and dental practitioners members of a medical or dental defence organisation, or otherwise fully insured for their own malpractice, and do you retain records to ensure this? Yes No

Please state relevant qualifications and experience of key members of staff continue on a separate sheet if necessary.

Staff member	Qualifications

Care homes and hospices

The following questions apply to care homes only.

Total number of beds:

Please state what type of home you operate i.e. geriatric, convalescent, hospice etc:



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Please attach the latest Healthcare Commission Report.

Please provide a split between:

Mental health	
Learning disabilities	
Physical disabilities	
Respite care	
Behavioural disabilities	

Total number of patients last year

Total number of patients anticipated for the forthcoming year

Do you have protocols in place for:

Drug administration? Yes No

Behavioural management? Yes No

Restraint? Yes No

Has CSCI registration ever been cancelled conditions imposed? Yes No

If Yes, please give details:

Please provide details of:

	0-4 yrs	5-10 yrs	10-18 yrs
Total number of males			
Total number of females			
Total number of bedrooms			
Number of children per room			
Segregation arrangements			

Do you always undertake police checks if you are dealing with children or vulnerable adults? Yes No

Medical establishments

Does the facility have:

M.R.I /C.A.T./P.E.T. scanners or similar? Yes No

Medical teaching facilities? Yes No

Pathology facilities? Yes No

Please state:

Number of beds: Inpatients Outpatients

Percentage of daily occupancy:

Total number beds:

Do you have facilities for sterilisation of instruments in accordance with current guidelines? Yes No



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If you do not have in house sterilisation facilities, please state what arrangements are made:

Needle stick injury

Do you operate a needle stick injury policy?

Yes No

If Yes, please attach.

Records

Please give details of what patient records are kept and how long they are retained:

(Please note records must be retained ten yrs, and in the case of minors, ten years from the date of majority).

Limit of indemnity

Limit of indemnity required:

£1,000,000 £2,000,000 £3,000,000 £4,000,000 £5,000,000
Other £

Previous insurance history

Do you carry, or have you carried, malpractice insurance in the last 12 months?

Yes No

If Yes, please state:

The name of the insurer:

Present limit of indemnity purchased:

Excess under current policy:

Premium being paid:

Has the previous policy been on a claims made basis?

Yes No

If Yes, what is the retroactive date?

Has any Insurer ever cancelled, your medical malpractice/professional indemnity policy, declined/refused to renew, or only accepted the risk at a special terms?

Yes No

If Yes, please give details:



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Claims

You must complete this section.

Please complete the claims questions for any risk now to be insured under the following insurance covers.

In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which is likely to lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project. Yes No

A client withholding payment due to you after any complaint . Yes No

Any loss from the dishonesty or malice of any employee or self-employed freelancer. Yes No

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. Yes No

Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or insolvent or made arrangements with creditors? Yes No

If you answered Yes to any of the above, please provide full details:

In respect of the following insurance covers:

Medical malpractice, Professional indemnity

Has any claim or loss, whether successful or not, ever occurred or been made against you or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? Yes No

If Yes, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.



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Declaration

You must complete this section.

Please read the declaration carefully and sign at the bottom.

Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

Data Protection

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of principal/partner/director

Date

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

Complaints

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

Telephone: 0870 084 3777

Email: customerservices@hiscox.com

Address: Hiscox Insurance Company Ltd, 1 Great St Helen's, London EC3A 6HX