## Malpractice Insurance Application

Before completing this form, you can read “[*About Our Insurance Services*](http://www.professionalinsuranceagents.co.uk/PIA-Key_facts.pdf)” if you so wish, which can be downloaded from [www.professionalinsuranceagents.co.uk](http://www.professionalinsuranceagents.co.uk) .

Please complete the following form and return it to:

**Professional Insurance Agents Ltd**

**E-mail:** [**info@professionalinsuranceagents.co.uk**](mailto:info@professionalinsuranceagents.co.uk)

If you have any difficulty in answering these questions or need to discuss any aspect of professional indemnity, please contact us and we will be pleased to help.

Please read the notes at the bottom of this page before completing the form.

**Telephone** UK 01323 648000

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1. This form is called **pia\_mal.doc**. It will have been placed on your hard disk and will have been placed either where you chose at the point of downloading, or possibly in your Temp or Root directory (C:\TEMP or C:\).
2. We will be able to process your application more efficiently if you complete the following form on screen and return it back to us by E-mail. If this is not convenient however we suggest that you print out the following pages and complete the form manually. It can then be faxed back to us and we will be happy to provide a quotation as soon as possible**.**
3. Areas of the form which can be filled in electronically are shaded (by default in grey). Use the “TAB” key on your keyboard to switch between these areas. (Return/Enter will produce a carriage return). Although they may look small, in most cases you may type as much as you wish in the shaded areas.
4. When completing the form on screen you may find that you cannot see the whole width of the form. You may find it helpful to use the zoom facility on the Standard Toolbar in Word. If you change the value from 100% to 75% the form will fit more easily on your screen. If the Standard Toolbar is not visible, go to the View pulldown menu, Toolbars and then click on Standard.
5. In the following form there are a number of Yes or No options. Please click in the relevant checkbox as illustrated below. For example if you wish to indicate Yes;

Y  N

1) TITLE OF FIRM (including any former Practice(s) / Firms for which cover is required:

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2) PROFESSION(S) / BUSINESS(ES) OF PRACTICE / FIRM (full description of activities):

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3) a. Date of Commencement of current practice(s) / firm(s):

b. Date of Commencement and cessation of former practice(s) / firms:

c. Reason for cessation of former practice(s) / firms:

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4) Address/es of Practice(s):

|  |  |
| --- | --- |
| Post Code: | Post Code: |
| Tel:  Fax: | Tel:  Fax: |
| Mobile: | E-mail: |
| Website: |  |

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5)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Names in full of all directors / partners/ principals  and consultants | D/O/B | Qualifications | Date Qualified | How long a partner in this practice | How long as a partner/ principal |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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6) Is cover required in respect of past work for any partner / principal who has left, retired or died

YES  NO

If YES, please give the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name | Position | Qualifications | How long in employment with this practice |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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7) Total number of

a) Partners / Principals: () Typists/Office: ()

Qualified Staff: () Trained Staff: () Others: ()

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8) Has the practice previously been insured for Medical Professional Liability? YES  NO

If YES, please give:

Name of Insurers:

Premium:

Indemnity Limit:  excess of £ each and every claim

Date of expiry of coverage:

9) State gross fees received in past five financial years and estimate of fees for forthcoming year:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Forthcoming year: |
| UK |  |  |  |  |  |  |
| USA or Canada |  |  |  |  |  |  |
| Elsewhere, excluding USA/Canada |  |  |  |  |  |  |
| Total | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Largest total fees from any one client or group |  |  |  |  |  |  |
| Average fees received |  |  |  |  |  |  |

When does your financial year end?

10) Does this Practice undertake any work whatsoever where the "end product" of such work is carried out outside the United Kingdom? YES  NO

If YES, please give the following details

|  |  |  |
| --- | --- | --- |
| a) Country | Treatment Description | State Professional Service(s) provided |
|  |  |  |
|  |  |  |

b) Does the Practice work other than from its UK offices? YES  NO

c) Does the Practice accept liability other than under the jurisdiction of the

UK Courts? YES  NO

If the answer to b) or c) is YES, full details are required, (i.e. List the jurisdictions and amount of work there from, etc)

11) Please tick the boxes appropriate and list qualifications gained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complimentary medicine being offered and if applicable, licensed practise? | | | | List Qualifications and licences acquired |
| Acupuncture |  | Iridology |  |  |
| Acupressure |  | Kinesiology |  |  |
| Alexander Technique |  | Light Touch Therapy |  |  |
| Aromatherapy |  | Massage |  |  |
| Ayurveda |  | Moxibustion |  |  |
| Bach Remedies |  | Music Therapy |  |  |
| Bates Method |  | Multi Vitamin Therapy |  |  |
| Biochemics |  | Naturopathy |  |  |
| Chiropractic |  | Nutrition Therapy |  |  |
| Colonic Irrigation |  | Osteopathy |  |  |
| Colour Therapy |  | Polarity Therapy |  |  |
| Craniosacral Therapy |  | Psychotherapy |  |  |
| Healing / Reiki |  | Radionics |  |  |
| Herbalism |  | Reflexology |  |  |
| Homeopathy |  | Rolfing |  |  |
| Hypnosis |  | Shiatsu |  |  |
| Other (please specify) |  | Yoga |  |  |

12) Please give full details of patient records are kept, where and how they are stored and for how long they are retained:

**Please note it is usually a requirement of underwriters that all records are retained for a minimum period of 10 years, and in the case of minors, 10 years from majority.**

13) Please state the approximate percentage breakdown of your work between the following categories and state whether you are employed or self-employed:

**EMPLOYED SELF – EMPLOYED**

The proposer’s Private Practise      

Clinics      

Private Non-Surgical Nursing      

Patients’ Homes      

Other (please specify)

           

Total:      

If you are an employee, please state the name of the company (or other entity) for whom you work:

14) Do you own (wholly or in part), operate or administer any hospital, nursing home or any other medical establishments? YES NO

15) a) Are you a member of any professional organisation, or registered with any self regulating body?  
YES NO  
  
If ‘YES’ please state which period of membership / registration:       
  
b) Has membership or registration with such organisation/body ever been suspended, withdrawn, amended or declined or had conditions attached? YES NO

16) a) Does any person involved in the treatment and care of any patient suffer from any disability, transmittable disease i.e. Hepatitis, H.I.V. etc or other impediment which may affect the performance of his / her professional duties or place patients / clients at risk? YES  NO   
  
If ‘YES’ what procedures are in place?

b) Has the proposer or any employee involved in the treatment or care of patients been the subject of or convicted of any criminal offence (other than minor traffic offences), professional disciplinary proceedings or inquiries? YES  NO   
  
If ‘YES’ please give full details:

17) If you are an employee, is it a condition of your employment that you maintain Medical Professional Liability Insurance? YES NO

18) Does this practise or any Partner / Principal have any association with or financial interest in any other Practise, Company or Organisation? YES NO

If ‘YES’ give full details of the nature of the association together with the name and business of the Third Party

19) When engaging independent or specialist Consultants in connection with any Contract, do you ensure that such Consultants have entered into a binding contract with the principal, accepting full responsibility for their own professional neglect, error or omission.  
  
a) In the past YES  NO  b) In the future YES  NO

20) a) What amount of indemnity is required?  
  
£100,000  250,000  500,000  1000,000 Other

b) What is the amount of excess your firm would be prepared to carry, minimum £500.00   
£

21) Have any claims for professional negligence, error or omission (successful or otherwise) been made against the practise or its present and/or past partners during the past 10 years?  
YES  NO   
  
if ‘YES’ , give full details, including amounts

22) Are any of the partners / Principals / Employees, AFTER ENQUIRY aware of any CIRCUMSTANCES which may give rise to a claim against this practise or their predecessors in business or any of the present or former Partners / Principals: YES  NO   
  
If ‘YES’ give full details

23) Has any Insurers ever:  
  
a) Declined a proposal or renewal for this Practise or any Partner / Principal?  
b) Required an increased premium or imposed special terms?  
c) Cancelled an Insurance?  
d) Has disciplinary action ever been brought against you?  
  
If any answers are ‘YES’ please give full details

24) Because signatures are not widely available via the e-mail, (i.e., scanning) a No Claims Declaration will need to be signed and all terms will be subject to this. Is this acceptable? YES  NO

I/We declare that the statements and particulars in this 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 insurers of any material alterations to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise ‘Professional Insurance Agents Ltd’ to seek terms on my/our behalf from Insurers including current insurers if any.

Signed:       Date: