

**CARDIOLOGY ACTIVITY ADDENDUM**

Please provide the following details:

1. Please advise if you are employed by the NHS as a Consultant Cardiologist		Yes / No
2. Do you perform invasive therapeutic procedures in your private practice?		Yes / No
3. If you answered "yes" to Q2, please indicate below the approximate number of procedures you perform:-		
Procedure	Approximate number of procedures in each area of in Private Practice and NHS	
	Private Practice	NHS
Ablation procedures		
Coronary artery angioplasty/stent		
Pacemaker procedures		
Transluminal closure of septal defect or p.f.o.		
Therapeutic Transluminal valvular procedures		
Other not listed above. Please elaborate:		

**DECLARATION**

I 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 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 undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature (please also print)

Date

**Data Protection Act** – All personal information supplied by you will be treated in confidence by W.R. Berkley Insurance (Europe), Ltd and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of W.R. Berkley Insurance (Europe), Ltd or our agents or subcontractor