

**GENERAL SURGERY ACTIVITY ADDENDUM**

Please provide the following details:

1. Please advise if you are employed by the NHS as a Consultant General Surgeon		Yes / No	
2. If you have answered "yes" to Q1 above, please advise if you are employed by the NHS as a Consultant General Surgeon with a sub-speciality interest		Yes / No	
3. Please indicate your sub-Speciality			
<b>Sub-Speciality</b>	<b>Private</b>	<b>NHS</b>	
Breast			
Colo-rectal			
Endocrine			
Upper G-I			
None			
Other, please elaborate			
4. Please list below the names of all of the sub-speciality organisations of which you are a member			
5. Do you carry out any Gastric Band procedures?			
6. If you have answered "yes" to Q5, please advise how many procedures you undertake per year (on average)			
6. Please state your activities related to private (non-indemnified) and NHS (indemnified) work below.			
<b>Area of Surgery</b>	<b>Approximate number of operations you perform each /year in private practice</b>	<b>Approximate % of your work in each area of surgery in private practice and NHS</b>	
		<b>Private</b>	<b>NHS</b>
Breast Surgery (all)	.....	.....%	.....%
Cholecystectomy			
Open	.....	.....%	.....%
Laparoscopic	.....	.....%	.....%
Colectomy (all)			
Open	.....	.....%	.....%
Laparoscopic	.....	.....%	.....%
Endoscopy			
Upper GI	.....	.....%	.....%
Lower GI	.....	.....%	.....%

Gastrectomy (all)	.....	.....%	.....%
Haemorrhoids Surgical	.....	.....%	.....%
Other (e.g. banding)	.....	.....%	.....%
Hernia repairs (all)			
Open	.....	.....%	.....%
Laparoscopic	.....	.....%	.....%
Liver Surgery	.....	.....%	.....%
“Lumps and Bumps removal”	.....	.....%	.....%
Oesophagectomy (all)	.....	.....%	.....%
Other Colo-rectal	.....	.....%	.....%
Other Endocrine	.....	.....%	.....%
Other Upper G-I	.....	.....%	.....%
Thyroid/Parathyroid	.....	.....%	.....%
Other not listed above. Please elaborate	.....	.....%	.....%
		<b>100%</b>	<b>100%</b>

**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.*