

ORAL/MAXILLOFACIAL/HEAD AND NECK SURGERY ADDENDUM

Please provide the following details:

| | |
|---|----------|
| 1. Please advise if you are employed by the NHS as a Consultant Oral, Maxillofacial or Head and Neck Surgeon | Yes / No |
| 2. If you answered “yes” to Q1, please advise if you work in the NHS as a Consultant Oral, Maxillofacial or Head and Neck Surgeon with a subspeciality interest | Yes / No |
| 3. If you answered “yes” to Q2, please indicate your subspeciality interest (may be more than one): | |
| 4. Please list below the names of all of the subspeciality organisations of which you are a member: | |
| 5. Do you perform corrective craniofacial surgery on children in your Private Practice? | Yes / No |
| 6. If you answered “yes” to Q5, please advise how many procedures per year (on average)? | |
| 7. Do you perform cosmetic surgery in your private practice? | Yes / No |
| 8. If you answered “yes” to Q6, what types and estimated numbers of these procedures do you perform in your private practice per year? | |
| Procedure | Number |
| | |
| | |
| | |
| 9. Do you perform cancer surgery in your private practice? | Yes / No |
| 10. If you answered “yes” to Q9, are you a member of a cancer network and do you regularly attend MDT meetings? | Yes / No |

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 subcontractors.