



Individual Practitioners

Private Practice Proposal Form

How to complete your proposal form

This document contains a main proposal form that is to be completed by all those requesting a quotation for cover, which includes details about you and history. Once you have completed the main form please can you complete the speciality addendum relevant to you. Completing both these forms will enable us to provide a quotation tailored just for you.

To speed up the quotation process, if you have mentioned any claims/circumstances within your proposal form we will more than likely request a letter of good standing from your MDO or claims history from your current insurer. If you could request this at the time of completing the form or contact us on **0800 163870** for a letter of authority so we may get the information on your behalf, this would be most helpful.

Once completed please return both forms by either email **medmal@m-i-c.co.uk** , fax **01935 422120** or post **MIC Ltd, Park House, 45 The Park, Yeovil, Somerset, BA20 1DF**

If you have any questions when completing this form please contact us on 0800 163 870 or email us **medmal@m-i-c.co.uk**

Thank you for your time.



INDIVIDUAL PRACTITIONERS

PRIVATE PRACTICE PROPOSAL FORM

IMPORTANT NOTICE TO THE PROPOSER TO COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

Any "material fact" must be disclosed to Insurers.

A "material fact" is any information which may alter the judgement of an Insurer in assessing the risk.

Any "material change" must be disclosed to Insurers.

A "material change" is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

Failure to provide all "material facts" and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

This Proposal Form must be completed in ink by the proposed individual.

All questions must be answered.

If there is insufficient space to provide answers additional information should be provided on the proposers letter headed paper.

Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in 1) Disclosure and/or 2)

Presentation advice should be sought from your broker in the first instance.

SECTION A – YOUR DETAILS

Please provide the following details:

Title:	Forename:	Surname:
Any other name(s) previously used:		
Date of Birth:	Nationality:	Gender:
Home Address		Practice Address:
Postcode:	Postcode:	
Home No:	Mobile No:	Work No:
Contact email address:		
Registration Body:		Registration Number:
Registration Date:		Registration Type: Full / Limited / Provisional:

SECTION B – ACADEMIC DETAILS

Please provide the following details:

Country of Qualification:	Year of Qualification:
Medical / Dental School:	
Post Graduate Qualifications / Training:	
Membership of any Professional Organisation:	
Details of NHS Position(s) held over the last 10 years (for information purposes only):	

SECTION C – ACTIVITIES

Please provide the following details:

1. Please advise which area(s) of medicine you are qualified and licensed to practice in and which you require indemnity for:

Activity	Please tick	Activity	Please tick
Anaesthetics		Orthopaedic Surgery	
Cardiology		Orthodontics	
Dermatology		Paediatrics	
Endocrinology		Pathology	
Gastroenterology		Pharmacology	
General Practise		Physiology	
General Surgery		Plastic Surgery	
Genetics		Psychiatry	
Haematology		Palliative Care	
Gynaecology		Radiography / Radiotherapy	
Immunology		Radiology	
Industrial Health		Rehabilitation	
Maxillofacial		Rheumatology	
Neurology		Otorhinolaryngology	
Nuclear Medicine		Oncology	
Nutrition		Urology	
Ophthalmology		Vascular Surgery	
Please advise of any other area of medicine not listed above (PLEASE PROVIDE DETAILS BELOW):			

2. Please Provide the % breakdown of your private work between the following categories:		
Type of Practice (where you require indemnity)		
Private practice	%
“Choose and Book” (non indemnified NHS work)	%
Other (please specify, eg: Medico Legal)	%
3. Please advise the date that you started private practice (minimum year and month)		
4. Please advise which Private Hospitals you have admitting rights to :		
5. Please advise your TOTAL GROSS ANNUAL INCOME from PRIVATE PRACTICE:		£
6. Please advise the TOTAL GROSS ANNUAL INCOME from Medico Legal work (in addition to the Total Gross Annual Income above):		£
7. Please provide an estimate of the TOTAL NUMBER of PRIVATE PRACTICE procedures (including endoscopies) & consultations you undertake per annum:		
Please note that this should tally with the figures advised in the addendum (where applicable)		
8. Please advise an estimated split per annum between the following:	In-Patient Procedures:	%
	Out-Patient Procedures:	%
	Consultations Only:	%
9. Please give details of the breakdown of your PRIVATE PRACTICE as follows:		
<u>Private Hospital Group</u>	<u>Proportion of total Gross Annual Income</u>	<u>Proportion of Procedures & Consultations</u>
Spire	%	%
BMI	%	%
Circle	%	%
Nuffield	%	%
Ramsey	%	%
Other (please state)	%	%
	<u>100%</u>	<u>100%</u>
10. Do you undertake any paediatric work? If so, please advise what proportion of your work this represents.		%
11. Do you own or operate a Hospital, Nursing Home, Clinic, Laboratory, Day Surgical Centre or similar facility? If “yes” please provide full details below.		Yes / No
12. Do you operate a Limited Company or similar joint venture? If so, please advise the company name and number. _____		

<p>a. Is this purely for fiscal reasons?</p> <p>b. Do you employ any staff? If so, please detail these below (e.g. nurse, secretary)</p> <p>c. Are there any other medical or healthcare practitioners associated with your limited company? If so, please give details below:</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>13. Do you undertake any other work for which you require indemnity? If "yes", please provide full details below.</p>	<p>Yes / No</p>
<p>14. Do you employ or engage any professional staff for whom you are responsible for? If "yes", please provide full details below, including the following:-</p> <p>a. Their name/s:</p> <p>b. Their role/s and qualifications</p> <p>c. If they maintain their own indemnity:</p>	<p>Yes / No</p> <p>Yes/ No</p>
<p>15. Are you involved in clinical trials for which you require cover? If "yes", please provide full details below.</p>	<p>Yes / No</p>
<p>16. Do you have any high profile clients or undertake work on any high profile people (defined as any person who is in the public eye or whose income is generated by public / media appearances)? If "yes", please provide details below:</p>	<p>Yes / No</p>
<p>17. Do you undertake any type of work for any professional sports club or for professional sports people? If "yes" please provide details below.</p>	<p>Yes / No</p>
<p>18. Are you involved in any activities that require you to travel outside the United Kingdom, the Channel Islands or the Isle of Man? If "yes" please provide full details below.</p>	<p>Yes / No</p>
<p>19. Are you involved in any form of complementary or alternative medicine? If "yes" please provide full details of your qualifications and therapies provided.</p>	<p>Yes / No</p>
<p>20. Do you plan to retire in the next 5 years? If yes, please advise of your plans</p>	<p>Yes / No</p>

SECTION D – GENERAL QUESTIONS

Please provide the following details in relation to both NHS and PRIVATE PRACTICE:

<p>1. Are you aware of any complaints, claims or circumstances that have EVER been brought or threatened against you, or any incident which could lead to such a complaint, claim or circumstance? (this include any formal complaints, verbal complaints or expression of patient dissatisfaction to you or the hospital / clinic). If "Yes" please provide full details.</p>	<p>Yes / No</p>
--	-----------------

2. Are you aware of any circumstances, which could lead to disciplinary action or suspension from practice?	Yes / No
3. Are you aware of any circumstance, which could lead to an investigation, suspension, the imposition of conditions or restrictions on your registration or license to practise, or your removal from a professional register of your license, by the relevant registration body?	Yes / No
4. Have you ever been subject to any form of disciplinary action?	Yes / No
5. Have you ever had conditions to practice, been suspended from practice or dismissed from practice?	Yes / No
6. Have you ever been subject to any form of investigation by a registration body or equivalent in another country?	Yes / No
7. Have you ever been subject of an adverse finding by a registration body or equivalent in another country?	Yes / No
8. Have you ever been refused registration or licence to practise or been erased from registration or has your license to practice been removed by a registration body?	Yes / No
9. Have you ever had any restrictions or conditions imposed on your registration or licence to practice by a registration body?	Yes / No
10. Have you ever been subject of a Medical Defence Organisation's adverse member procedure?	Yes / No
11. Has any Medical Defence Organisation ever declined to offer you membership, terminate membership or refused to renew membership?	Yes / No
12. Has any insurance indemnity provider ever declined to insure you, imposed special terms, cancelled or refused to renew your insurance?	Yes / No
13. Have you ever been convicted of a criminal offence or received a formal police caution (not spent under the Rehabilitation Offenders Act 1974)?	Yes / No

If you have answered "yes" to any of Section D, please can you provide full details on a separate sheet (preferably on practice-headed paper) including the following information:-

Date of incident/s

A summary of the events, inc all relevant details such as your involvement

What action you took, including any involvement from your indemnity provider

Information on any payments made on your behalf for either legal costs or indemnity payments

SECTION E – INDEMNITY

Please advise the following:

1. Please advise the first day that cover is required:	/	/
--	---	---

2. Please provide full details of previous cover – please include all since qualification			
Insurer / Indemnity Provider	Start Date	Limit of Indemnity	Excess

3. What is the amount of indemnity now required?
4. What is the amount of excess now required, if applicable?
5. Has prior cover been on a CLAIMS MADE basis? If "Yes", what are the retroactive dates:
6. Has any proposal for similar insurance or indemnity ever been declined or had such insurance or indemnity ever been cancelled, renewal refused or had any special terms imposed (other than general market increases)? If "Yes", please provide details below:
7. Please advise how much you are currently paying for indemnity.

SECTION F – DECLARATION

I declare that the statements and particulars contained in the proposal are true and that I have not mis-stated or suppressed any material facts.

I agree that this proposal together with any other information supplied by me 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.*