MEDICAL MALPRACTICE INSURANCE
APPLICATION FORM

This proposal form and surgical addenda must be completed, signed and dated on each page by the proposer. All questions must be answered (if necessary, comment as "not applicable" or "none")

Please attach an up to date copy of your previous indemnity / insurance provider's claims history

Please insure that you have checked and reviewed the completed documents before returning.

Section A: Your Personal Details

Title		Forename(s)		Surname	
Date of birth		Nationality		Gender	Choose an item.

Home tel no.		Work tel no.	
Mobile no.		Email	
Home address			
		Postcode	

Section B: Your Professional Details

GMC Registration No.		Registration Date	
Medical school name		Year of qualification	
Are you on the Specialist Register		Date of registration	
What Specialty are you Registered under		Number of Years Registered as this Specialist	
NHS Practice Address			
		Postcode	

Initial _____ Date _____

Main private practice address	Postcode
Additional Practice Addresses	Postcode
What position do you hold in the NHS	
S Employment History	

Initial Date

Section C: Your Professional Activities

If you operate a LLP/Limited company please advise the company name and registration number

Name	
Registration Number	

Do you employ any staff?

Position/Title	Number of staff

Turnover

What was your total Turnover from Private practice prior to any deductions for the past 12 months:	What is your projected total Turnover from Private practice prior to any deductions for the next 12 months:
£	£

Patients

Please confirm your total patients for the past 12 months:	Please confirm your total projected patient numbers for the next 12 months:
In-Patients:	In-Patients:
Day case surgery:	Day case surgery:
Non-Surgical Procedures:	Non-Surgical Procedures:
Consultations:	Consultations:
Medico legal reports:	Medico Legal Reports:

Initial _____ Date _____

Please advise which area(s) of medicine you are qualified and licenced to practice in and for which you require indemnity

Activity	Please select	Activity	Please select
Anaesthetics	☐	Ophthalmology	☐
Cardiology	☐	Orthodontics	☐
Dermatology	☐	Orthopaedic Surgery	☐
Dentistry	☐	Otorhinolaryngology	☐
Endocrinology	☐	Paediatrics	☐
Gastroenterology	☐	Palliative Care	☐
General Practice	☐	Pathology	☐
General Surgery	☐	Pharmacology	☐
Genetics	☐	Physiology	☐
Gynaecology	☐	Plastic Surgery	☐
Haematology	☐	Psychiatry	☐
Immunology	☐	Radiography/Radiotherapy	☐
Industrial Health	☐	Radiology	☐
Maxillofacial	☐	Rehabilitation	☐
Neurology	☐	Rheumatology	☐
Nuclear Medicine	☐	Urology	☐
Nutrition	☐	Vascular Surgery	☐
Oncology	☐		

Please provide a full description of your activities and procedures performed within your specialism:

Initial _____ Date _____

Please advise the number of private practice operations you performed last year (including endoscopies)		
In your Private Practice do you undertake procedures using the same key personnel (Anaesthetist, staff nurse etc.)	Yes ☐	No ☐
Is the consent form you use provided by the clinic(s) you operate in or issued and provided by you? (Please provide a copy with this application form)	Yes ☐	No ☐
Do you provide the initial consultation to every patient prior to any procedure being undertaken? If "no", please provide details below	Yes ☐	No ☐
Click or tap here to enter text.		
Have you performed any revision surgery on behalf of a colleague / lead surgeon to correct a negligent procedure in the past 12 months	Yes ☐	No ☐
If "yes", please state the number of correct procedures performed in past 12 months		

Please answer all the following questions either "yes" or "no". If you answer "yes" please provide full detail in the pages supplied at the end of this application form

1	Do you own or operate a Hospital, Nursing Home, Clinic, Laboratory, Day Surgical Centre or similar facility?	Yes ☐	No ☐
2	Do you undertake any other work for which you require indemnification?	Yes ☐	No ☐
3	Will you require coverage for any other individual(s)?	Yes ☐	No ☐
4	Do you undertake work for any professional sports club or professional sports people?	Yes ☐	No ☐
5	Are you involved in any activities that require you to travel outside the United Kingdom, the Channel Islands or the Isle of Man?	Yes ☐	No ☐
6	Do you undertake work on any high-profile clients (such as sports personalities, celebrities, any person in the public eye or whose income is generated by public appearances etc.)?	Yes ☐	No ☐
7	Are you involved in any complimentary or alternative medicine?	Yes ☐	No ☐
8	Do you plan to retire in the next 5 years?	Yes ☐	No ☐

Initial _____ Date _____

Section D: Claims and Conduct

Please read the following questions very carefully and answer all of them fully and truthfully.

Should you answer "yes" to any of the following questions then please provide further details on a separate sheet (on practice headed paper), including the following information:

i. Date of incident(s);

ii. A summary of the events, including all relevant details of your involvement;

iii. What action you took, including any involvement from your indemnity provider; and

iv. Confirmation of any payments made by you or on your behalf for either legal defence costs or indemnity payments.

1	Have any complaints or claims ever been made, brought or threatened against you?	Yes ☐	No ☐
2	Are you aware of any acts, errors, omissions, incidents, events, circumstances or request for notes which may give rise to a complaint or claim against you?	Yes ☐	No ☐
3	Are you aware of any complaints, claims, acts, errors, omissions, incidents, events or circumstances which may lead to disciplinary action or suspension from practice?	Yes ☐	No ☐
4	Are you aware of any complaints, claims, acts, errors, omissions, incidents, events or circumstances which may 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 or the removal of your license by a relevant registration body?	Yes ☐	No ☐
5	Have you ever been subject to any form of disciplinary action?	Yes ☐	No ☐
6	Have you ever had conditions to practice, been suspended or restricted from practice or dismissed from practice?	Yes ☐	No ☐
7	Have you ever been subject to any form of investigation or adverse finding by a registration body or equivalent in any country?	Yes ☐	No ☐
8	Have you ever been admitted to or sought treatment from any mental health or chemical / substance abuse programme?	Yes ☐	No ☐
9	Have you ever been refused registration or license to practice or been erased from registration or had your license to practice suspended or removed by a registration body?	Yes ☐	No ☐
10	Have you ever had any restrictions or conditions imposed on your registration or licence to practice by a registration body?	Yes ☐	No ☐
11	Have you ever been the subject of a Medical Defence Organisation's adverse member procedure?	Yes ☐	No ☐
12	Has any Medical Defence Organisation ever declined to offer you membership, terminated or restricted your membership or refused to renew your membership?	Yes ☐	No ☐

Initial _____ Date _____

13	Has any insurance indemnity provider ever declined to insure you, imposed special terms, cancelled or refused to renew your insurance?	Yes ☐	No ☐
14	Are you being investigated or have you ever been convicted of a criminal offence or received a formal police caution (not spent under the Rehabilitation of Offenders Act 1974) in any country?	Yes ☐	No ☐

Section E: Indemnity

What date do you require your policy to incept / start	
What is your expiring policy premium?	

Please provide full details of previous cover since qualification

Insurer	Start Date	Limit of Indemnity	Excess

What level of indemnity do you require:	£		
What level of excess:	☐ £2,500	☐ £5,000	☐ £10,000
Is cover required for medico legal			Yes ☐ No ☐

Has prior cover been on a "Claims Made Basis"?	Yes ☐ No ☐
If "yes" to the above, please provide the retroactive date	

Has any proposal for similar insurance ever been declined or has such insurance ever been cancelled, renewal refused or had any special terms imposed? Yes ☐ No ☐
If "yes", please provide details below

Initial _____ Date _____

Remember

To enclose with this application form:

1) Your previous indemnity / insurance providers claims history
2) A copy of the Consent form(s) you use
3) Any additional information supplementary to Section C, D and E

Declaration

I declare, after enquiry, that the statements and particulars contained in this proposal form, together with any other information supplied by me, is true and that I have not mis-stated or suppressed any material facts.

I agree that this proposal form, together with any other information supplied by me, shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers promptly of any material alteration to these facts occurring before the completion of the contract of insurance and throughout any period of insurance (and any extension thereto).

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

Name		Date	
Signature		Position	

Initial _____ Date _____

Supplementary answer to Section C, D & E

1	
2	
3	
4	
5	
6	
7	
8	

Initial Date

Short Form Privacy Notice

In order for us to provide our services as an insurer and to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim.

The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors.

More information about our use of personal data is set out in our Privacy Notice on our website, www.euna.com. We recommend that you review this notice.

Initial _____ Date _____

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Euna Underwriting Limited are an
Appointed Representative of
European Specialty Risks Limited
FRN 565023