

GENERAL MALPRACTICE PROPOSAL FORM

(Not suitable for Nursing/Residential Homes, Clinics or Hospitals or Complementary Medicine. Foster and Nursing Agencies will need to complete a supplementary questionnaire)

SECTION 1 (General information, for completion by all Proposers)

1. Full name and address of Proposer

Telephone

Fax

Email

2. How long have you operated under the present management?

3. Please provide a FULL description of your activities, including the % income derived from each :

4. Please provide copy standard contract and some examples of services provided

5. Details of Directors, Partners or Principals:

Names of all Directors, Partners or Principals	Qualifications	Year Obtained	How long a Director, Partner or Principal

6. Details of all professionally qualified staff:

Names of all Professionally Qualified Staff	Qualifications	Year Obtained	Length of time employed by Proposer

7. Are all professionally qualified staff required to maintain their own Malpractice Insurance coverage through RGN / MDU or similar ?

If NO, please provide details :

8. Please state the number of persons involved in the following capacities (albeit employed / self employed / contract / agency staff)

EMP S-EMP CONTRACT AGENCY

- a) Dentists
- b) Non procedural Physicians
- c) Lab / Path technicians
- d) Midwives
- e) Nurses
- f) Pharmacists
- g) Complementary Practitioners
- h) Residential Medical Officers
- i) Paramedics
- j) Supplementary Professionals
- k) Auxiliaries
- l) Other (please be specific)

9. Do you provide facilities for the sterilisation of instruments in accordance with current guidelines and do you ensure that effective cross infection control methods are employed

If NO, please advise

10. Do you have a protocol for Needlestick Injuries

If NO, please advise

11. Do you comply with the current guidelines for the safe collection / disposal of the following

Dressings / Surgical waste / Clinical waste / Sharps / General Waste / Any blood or blood products

If NO, to any of the above then please advise

12. Do you expect to make any fundamental changes to your activities / situation within the next 24 months ?

If YES, please provide full details

13. Please give details of what records are kept and where and for how long they are stored

14. Do you sub-contract any work?

YES / NO

If YES, please give a brief details of the work sub-contracted

Do you require all sub-contractors to maintain their own cover in force at all times? YES/NO

14. a) Please give details of gross income / fees:

Country	Past Financial Year	Current Financial Year	Estimate for Next Financial Year
United Kingdom (Excluding IOM)			
Europe (Including IOM)			
USA / Canada			
Rest of the World			

b) 1. Largest fee for any one client ?

2. Average fee for any one client ?

c) Please state the date of your Financial Year

15. Please list your five largest projects undertaken over the last three years:

Project	Client	Fee	Commenced	Finished

16. Are you duly licensed and registered in accordance with the Care Standards Act 2000 and do you carry a certificate of registration from the National Care Standards Commission ?

If YES, please enclose the following additional documentation :

- a) Copy of your Statement of Purpose (as required by your application)
- b) Copy of the most recent NCSC inspection report

(If you are registered with the NCSC please continue to Section 2)

If NO, or if you are unable to provide any of the above, please provide details, including anticipated date of registration and/or first inspection :

(Please now continue to Section 3)

SECTION 2. (for completion by NCSC registered Proposers)

1. Has your registration with the NCSC ever been :

- a) Approved with Conditions ? YES/NO
- b) Refused ? YES/NO
- c) Varied ? YES/NO
- d) Cancelled ? YES/NO
- e) Cancelled under Urgent Order ? YES/NO

If you have answered YES to any of the above, please provide FULL details

2. Have you been recently inspected by the NCSC

If YES, please provide details of date of last inspection and the performance grade that you were given

3. Have you ever been or are currently in dispute with the NCSC, regarding an assessment decision or the contents of an assessment report

If YES, please provide full details

(please now continue to Section 4)

SECTION 3 (for completion by Proposers who are not yet NSCS registered)

1. Have you ever been the subject of an enquiry, by Social Services or similar ?

If YES, please provide FULL details:

2. Do you ensure that all references and qualifications are taken up / checked and that all appropriate police checks are carried out on all staff, be they full / part time or temporary / contract staff and do you ensure that only competent and adequately trained staff are employed and that all staff are kept under proper supervision ?

If NO, please provide full details

3. Are you duly licensed and registered in accordance with the law and any applicable regulatory body to practise at the address(es) stated in your answer to Question 1

If NO, please provide full details

If YES, has your license has ever been revoked, suspended, declined etc or have you ever had any additional conditions / warranties attached

If YES, please provide full details:

(please now go to Section 4)

SECTION 4. (General information, for completion by all Proposers)

1. Do you have any other Malpractice or Public Liability Insurance ?

2. Have any Lloyd's or Company Underwriters ever cancelled, declined, refused to renew or only accepted on special terms, your Malpractice or Public Liability Insurance ?

If YES, please provide full details :

3. Have any claims for Malpractice or Negligence ever been made against you or are you aware of any circumstances which may result in such claim being made against yourselves ?

YES/NO

If YES, please provide full details on an additional sheet

4. Please give the following details:

a) Name of Current Insurers:

b) Total Limit of Indemnity:

c) Applicable Excess:

d) Expiry Date:

e) Premium:

N.B. If you are not currently insured, please give most recent details.

5. Is there any further information that should be made known to Underwriters so that they may form a proper estimate of the risk ? YES/NO

If YES, please provide full details (including any other full or part time activity, details of any associated companies):

DECLARATION

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this Proposal Form shall be the basis of the contract with the Underwriters.

Name of the Proposer:

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Signature:

.....

Official Position:

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Dated the day of 20

This Proposal Form, duly completed, together with any supplementary information, must be signed in ink. Signature of the form does not bind the Proposer or the Underwriters to complete the insurance.

NOTICE TO SOLE TRADERS / INDIVIDUALS

The European Union Third Non-Life Directive on Pre-Contractual Disclosure Requirements requires you to be provided with the following information prior to a contract being concluded:

Notice to the Proposer/Assured:

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary, this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker. If you are not satisfied with the way a complaint has been dealt with, you may ask the Complaints Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints Department, Lloyd's, One Lime Street, London, EC3M 7HA. Telephone: 020 7327 6950.