

INTRO

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.

Once completed please scan form to **med@medirisk.eu** If you have any questions when completing this form please

Contact us on 01 6976600

Important

It is the duty of the Applicant to disclose all material facts. For the purpose of this Application Form, a material fact is deemed to be one that would be likely to influence the judgement of an underwriter in providing a premium or determining whether or not to underwrite the risk.

✓About You ✓Financial Section ✓Claims History ✓Declaration Section

A. About You

Full Name _____

Date of Birth

DD	MM	YYYY
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Gender

M

F

Contact Number

Email address

Home Address

Medical School(s) Attended

Specialty (Surgeon GP Radiologist etc)

Qualifications

IMC Registration Number

Registration Tye (e.g. Specialist, Full, Provisional)

First Registration Date

Last Re-Validation Date

Date You started in Private Practice

Have You had any breaks in clinical practice (of more than 1 month) within the last 5 years? Yes ☐ No ☐

If YES, please confirm the dates and the reason for any gap. Please also provide details of any continuous professional development or refresher training that has been undertaken during this time off?

Do You plan to retire in the next 5 years? Yes ☐ No ☐

If YES, please advise when

Please disclose any other Medical Associations or Regulatory Bodies with which You hold a licence or membership including Your first date of concurrent membership

Organisation

1st Membership Date

B. Financial Details

1. Please provide details of Your split of activities as follows as a proportion of revenue earned in the last full financial year

Private Practice Directly Treating Private Patients% _____

HSE Outsourced Work for Which You Require Indemnity % _____

HSE Practice with The Benefit of HSE Indemnity (not covered hereunder) % _____

Medico-Legal Reports % _____

Other (please state) % _____

2. Please provide the following information for each of the last 3 full financial years and the current financial year in which You are applying for indemnity. This should exclude HSE work which has

the benefit of HSE Indemnity _____

Gross Revenue 2017 = € _____

Gross Revenue 2018 = € _____

Gross Revenue 2019 = € _____

Current Year = € _____

3. Please provide details of current insurance, if applicable

Current Insurance Provider = _____

Current Insurance Premium = € _____

Renewal Date = _____

4. What is your gross annual income from medico-legal work only in your private practice? = _____

5. Has your indemnity been continuous since qualification? Yes ☐ No ☐

6. Has any application for this type of insurance cover or membership of any defence body ever been declined, cancelled or required special terms? Yes ☐ No ☐

7. Have you ever been convicted of any criminal offence (other than minor driving offences), and/or subject to professional disciplinary proceedings by your employer and/or IMC Fitness to Practice procedures? Yes ☐ No ☐

8. Have any claims for compensation been made against you for incidents or circumstances arising from public or private practice during the last 10 years? (If "Yes", please provide the relevant date with brief details using additional space in Section 4) Yes ☐ No ☐

9. Are you aware of any circumstances, from your public or private practice, which may give rise to a claim against you? Yes ☐ No ☐

C. Claims Information

Please provide answers to the following questions.

1. Have any professional negligence or medical malpractice claims ever been made against You whether successful or otherwise? Yes ☐ No ☐

2. Have any claims ever been made against You relating to any loss or damage caused or materially contributed by a proven defectively manufactured medicine or medical product? Yes ☐ No ☐

3. Have any claims for dishonesty ever been made against You whether successful or otherwise? Yes ☐ No ☐

4. Have any regulatory, disciplinary, or criminal proceedings (including judicial enquiries) ever been made or undertaken against You? Yes ☐ No ☐

5. Have You ever had a document relating to Your medical activities unintentionally destroyed, damaged, lost or mislaid? Yes ☐ No ☐

6. Have any libel or slander claims ever been made against You whether successful or otherwise? Yes ☐ No ☐

C. Claims Information

7. Have any infringement of copyright claims ever been made against You whether successful or otherwise? Yes ☐ No ☐
8. Have any breach of confidentiality claims ever been made against You whether successful or otherwise? Yes ☐ No ☐
9. Have any sexual harassment and/or abuse claims ever been made against You whether successful or otherwise?
Yes ☐ No ☐
10. After full enquiry are You aware of any circumstances relating to the questions above which may give rise to a potential claim or request for indemnity under this Individual Practitioner policy? Yes ☐ No ☐
11. If the answer to any of the above is YES (for any of the last 6 years), please provide full details in the other information below:-

Please provide brief claims description =

Date of Loss	Claimant Name	Description of Claim	Settlement Value	Legal Fees Paid	Status of Claim

D. Declaration Section

You declare that the above answers, statements, particulars and additional information are true to the very best of Your knowledge and belief and are a fair presentation of Your risk. After full enquiry, you also confirm that You have disclosed all information and material facts that may alter or influence the Underwriters' judgement of the risk, or affect their assessment of the exposures they are covering under the policy.

We will be in touch and require the following forms before application is sent to underwriting:

- ✓ The latest copy of Your Curriculum Vitae
- ✓ A copy of Your Licence to Practice
- ✓ A copy of your standard Patient Consent Form
- ✓ Copies of the Curriculum Vitae and Licence to Practice of any other individual practitioners requiring cover hereunder
- ✓ An up to date full claims experience/ Letter of Good Standing from Your previous Insurers defence body for the past 6 years

YOUR NAME _____ **DATE** _____ **SIGNATURE** _____

Following the commencement of this contract of insurance, You must advise Underwriters as soon as practicable, and as a matter of urgency, of any changes to the original information provided to Underwriters when the Application Form was originally submitted to Underwriters. Such information must include anything which it considers may alter, influence the judgement of or prejudice the Underwriter's appraisal of the risk being covered hereunder. Failure to disclose such new or amended information may prejudice Your position in the event of notification of a Claim under this policy

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