Corvelia underwriting

Medical Malpractice
Private Clinics & Hospitals Insurance Proposal Form
(Republic of Ireland)

NOTE TO PERSON COMPLETING THIS FORM: THIS PROPOSAL FORM IS AN IMPORTANT DOCUMENT AND TOGETHER WITH OTHER MATERIAL INFORMATION SUPPLIED IS BEING RELIED UPON BY UNDERWRITERS AS CONSTITUTING A FAIR PRESENTATION OF THE EXPOSURES BEING ASSESSED BY THEM. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE, CLEAR AND CORRECT.

Please provide a copy of the PROPOSER's latest financial report and accounts with this Proposal form (or business plan financials if newly established).

Please use additional pages where necessary to provide complete responses.

"**PROPOSER**" means the firm, practice, company or other entity proposing for this insurance, and any subsidiaries and previous firms, practices, companies or other entities requiring coverage.

This Proposal form must be completed in ink, signed and dated by the Principal, Managing Director, Senior Partner, Compliance Officer or Insurance/Risk Manager of the **PROPOSER** (or any Partner or Director who has been with the **PROPOSER** for at least 3 years). All questions must be answered and where appropriate "Not Applicable" or "N/A" specified.

All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **PROPOSER**'s knowledge and belief whether or not they are the subject of a specific question herein. **Under the Insurance Act 2015, a material matter is defined as one that would "influence the judgement of a prudent insurer in determining whether to take the risk and if so, on what terms."** In addition to the information contained in the Proposal form including all supporting documentation, if the **PROPOSER** is aware of any other information which it considers may alter, influence or prejudice the Underwriter's appraisal of the risk being proposed, this information must be disclosed in conjunction with this Proposal form.

This is a "Claims made" Insurance Proposal.
This insurance is underwritten on a "claims made" basis, which means that if a claim is made against the **PROPOSER** then the **PROPOSER MUST** have a current policy in force. Any claims brought against the **PROPOSER** after the expiry of the policy period (or any specific extended reporting period) will **NOT** be covered.

Coverholder at LLOYD'S

DATA PROTECTION SHORT FORM INFORMATION NOTICE

Your personal information notice

Who we are

We are the specialist underwriting agency authorised to underwrite professional liability business to the Health Industry under the Lloyd's Binding Authority on behalf of **Underwriters** as detailed below. This information notice is also relevant to the **Underwriters**.

The basics

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

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 and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

<u>Corvelia</u>

Privacy notice accessible at:	http://www.corvelia.com/privacy-policy/
Corvelia data protection contact:	info@ambris.uk

<u>Underwriters</u>

<u>Arch Syndicate 2012</u> (managed by Arch Underwriting at Lloyd's Limited, 5th Floor, Plantation Place South, 60 Great Tower Street, London EC3R 5AZ)

Privacy notice accessible at:	http://www.archcapgroup.com
Arch Privacy email address / data protection contact:	ArchDPO@archcapservices.com

1.

(a) Please provide the full name of the **PROPOSER** (including all entities requiring coverage):-

(b) Date established:-

(c) Principal address:-

(d) Other operating addresses:-

(e) Website address:-
(It is understood and agreed that material in the **PROPOSER**'s website is not deemed to form part of this application form apart from any information attached in hard copy to this form)

2.

(a) Please provide a full description of the **PROPOSER**'s activities (including any activities undertaken in the last six years not currently undertaken and any new activities planned for the next twelve months):-

(b) Does the **PROPOSER** undertake any activities outside the Republic of Ireland:- **YES/NO**
If **YES**, please provide full details:-

(c) Please advise the status of the **PROPOSER** as follows:-

Private Limited Company	**YES/NO**	If **YES**, please advise by whom:-
Public Limited Company	**YES/NO**	
Partnership	**YES/NO**	
Government Owned	**YES/NO**	
Not- for Profit Entity	**YES/NO**	
Other (please specify)	**YES/NO**	

(d) Please advise the total number of medically qualified staff for each general category as detailed in the table below. The definition for each type is as follows (please use the most appropriate definition):-

A. **EMPLOYED** – Any professional working under a contract of service solely for the **PROPOSER** (under a traditional PAYE arrangement);

B. **FREE SERVICE / SELF-EMPLOYED** – Any independent professional working under a third party services agreement with the **PROPOSER**. Such Individual may undertake work separately and elsewhere for other medical entities;

C. **CONTRACTED STAFF** – Any professional working for the **PROPOSER** within a pre-agreed timescale and under "project" terms of engagement. Such professionals are often contracted as a group. Examples include Government staff contracted to a private clinic or Agency staff under a corporate contract. Underwriters shall assume no cover is required for such individuals unless specifically discussed and agreed by them.

MEDICAL PRACTITIONER	A. EMPLOYED With No Separate Insurance	A. EMPLOYED Insured With A Medical Body or Association	B. FREE SERVICE / SELF-EMPLOYED *	C. CONTRACTED STAFF
Surgeons & Consultants				
Doctors (GP's)				
Radiologists				
Opticians & Optometrists				
Orthodontists & Dentists				
Radiographers / Sonographers				
Scanners/ Graders				
Chiropractors & Osteopaths				
Nurses				
Midwives				
Scientists & Laboratory Technicians				
Ambulance Staff & Paramedics				
Any Other Specialty (Please specify)				
TOTAL				

* Underwriters normally expect that the **FREE SERVICE / SELF-EMPLOYED or CONTRACTED STAFF** purchase separate medical malpractice insurance. If this is not the case, and any such individual requires cover under the **PROPOSER**'s insurance, this will have to be discussed and specifically agreed and endorsed by the Underwriter hereunder.

3. Does the **PROPOSER** undertake any of the following activities that require cover hereunder?

(i) Elective Cosmetic treatments? **YES/NO**

(ii) Bariatric Surgery for the purpose of causing weight loss to a patient? **YES/NO**

(iii) Neuro-Surgery involving the spine? **YES/NO**

If **YES** to any of the above please advise the extent of such treatments including the average number of patients in a year, the general types of surgery treatments performed and the proportion of revenue attributed to these activities:-

4.

(a) (i) When is the **PROPOSER'**s Financial Year End?:-

(ii) Please provide the following information for each of the last three full financial years and the current incomplete financial year:-

Financial Information: Should Be Detailed In Euros	**Last Full Financial Year Ended:-**	**Previous Full Financial Year (1 year ago)**	**Previous Full Financial Year (2 years ago)**	**Estimate of Current Outstanding Financial Year**
FINANCIAL				
(i) Gross Revenue				
(ii) Wage Roll				
(iii) Net Profit (After Taxes)				
OTHER INFORMATION				
(iv) No of Beds				
(v) Average Bed Occupancy (%)				
(vi) No of Operating Theatres				
(vii) No of Ops Under General Anaesthetic				
(viii) No of Ops Under Local Anaesthetic				
BIRTHS				
(ix) No of Births (In Total)				
(x) No of Caesareans				
(xi) No of Still Born Births				
(xii) No of Baby Deaths After Birth				
(xiii) No of Births With Serious Defects				
(xiv) No With Apgar Rate < 6 after 5 Mins				
PATIENT NUMBERS				
(xv) No of In Patients Staying < 36 Hrs				

(xvi) No of In Patients Staying > 36 Hrs				
(xvii) No of Out Patients				
(xviii) No of Readmissions Within 36 Hrs				

(b) Is the **PROPOSER** or any Principal, Partner or Director of the **PROPOSER**'s business connected or associated (financially or otherwise) with any other Organisation with which the **PROPOSER** undertakes business? **YES/NO**

If **YES**, please provide details including what work is undertaken for and/or on behalf of such Organisation:-

5. Please provide the current number of MEDICAL PRACTITIONERS (detailed in question 2 (d)) and surgical procedures for each of the following treatment categories as follows:-

ACTIVITY	**No of Medical Practitioners / Procedures**				
	A. Employed	**B. Free Service / Self Employed**	**C. Contracted**	**No of Surgical Procedures A + B**	**No of Surgical Procedures C**
Anatomy / Histology					
Anaesthesia / Resuscitation					
Cardiology					
General Surgery					
Elective Cosmetic Surgery					
Reconstructive/Remedial Cosmetic					
Dental					
Dermatology					
Diabetes					
Elderly Care					
Fertility					
Gastroenterology					
Gynaecology (Non-Births)					
Obstetrics (Births)					
HIV / Hepatitis / STD's					
Immunology / Transfusions					
Laboratory Analysis					
Minor Day Surgery					
General Medicine					
Microbiology & Virology					
Dialysis					
Neonatal					
Neurosurgery					

Neurology					
Nutrition / Slimming					
Oncology / Cancer Care					
Eye Treatment					
Orthopaedic / Traumatology					
Ear Nose & Throat (ENT)					
Paediatrics / Children					
Podiatry					
Psychiatry					
Radiography / X Ray					
Rehabilitation / Physiotherapy					
Urology					
Other (Please Specify)					
TOTAL					

6.

(a) In terms of the last full financial year, please can you detail the split in Gross Revenue attributable to each of the following general categories:-

Categories	**PERCENTAGE**
Births (Natural)	%
Births (Other)	%
Surgery Under General Anaesthetic (Ex Births)	%
Surgery Under Local Anaesthetic (Ex Births)	%
Fertility Procedures	%
Dialysis / Immunology / Transfusions	%
Non-Surgical Consultation / Screening / Scans	%
Other Categories (Please Specify)	%
TOTAL	100%

Please advise what percentage of the revenue earned in the last full financial year was from each of the following:-

	PERCENTAGE
Public Funding/HSE	%
Private Insurance Schemes	%
Private Individuals	%
Charitable Donations	%
Other (Please Advise)	%
TOTAL	100 %

b) Is the **PROPOSER** currently insured for Medical Malpractice Insurance? **YES/NO**

If **YES** please provide details as follows (including answers to (i) and (ii) below):-

Insurer	Expiry Date	Limit	Excess	Retro-Active Date	Premium

(i) Has the **PROPOSER** been continuously insured since the Retro-Active Date detailed above? **YES/NO**

If **NO** please advise from which date such insurance has continuously been purchased:-

(ii) Does this current policy have a Discovery Period or Extended Reporting Period in the event that the policy is not renewed? **YES/NO**

If **YES**, how long is this Discovery Period or Extended Reporting Period?

(c) Has the **PROPOSER** ever been refused similar insurance, or had any policy cancelled or voided at any time? **YES/NO**

If **YES**, please provide full details:-

7.

(a) Does the **PROPOSER** ensure that all 'Registered Medical Practitioners' purchase separate medical malpractice insurance for a limit of indemnity of at least €5,000,000 (and continually renew such insurance) to ensure that all work undertaken for and on behalf of the **PROPOSER** is covered? **YES/NO**

'Registered Medical Practitioner' is defined as any registrant of the following statutory regulated bodies:- The Chiropractic Association of Ireland; Dental Council of Ireland; The Medical Council (ROI); Association of Optometrists in Ireland; Osteopathic Council (ROI); or any similar statutory regulatory bodies to the list above, but where such bodies are outside of Ireland.

If **NO**, please advise under what circumstances this would not happen:-

(b) Does the **PROPOSER** ensure that all Medical Practitioners working for and on behalf of the **PROPOSER** (whether **EMPLOYED, FREE SERVICE / SELF EMPLOYED** or **CONTRACTED)** are current subscribing members of a recognised Medical Institute or relevant Professional Body and hold the relevant required valid licences to practise in their respective areas of specialism? **YES/NO**

If **NO**, please advise under what circumstances this would not happen:-

(c) Does the **PROPOSER** screen all Medical Practitioners prior to and during employment with the **PROPOSER** for drug and/or alcohol abuse? **YES/NO**

If **NO** please advise why this would not happen:-

(d) Does the **PROPOSER** obtain satisfactory written references and confirmation of no historical medical malpractice related claims and/or circumstances for all Medical Practitioners prior to employing them or allowing them to use its premises? **YES/NO**

If **NO** please advise why and when this would not happen:-

(e) Does the **PROPOSER** confirm that none of the Medical Practitioners working on its premises are:-

(i) Under disciplinary review by any Medical Institute or relevant Professional Body or involved in any civil or administrative proceeding regarding malpractice? **YES/NO**

And:-

(ii) Have been convicted for any felony or criminal offence, or are currently involved with a criminal proceeding of any kind? **YES/NO**

If **NO** to (i) or (ii) above please provide full details:-

(f) Has the **PROPOSER** been satisfactorily audited within the last three years by a regulatory body? **YES/NO**

If **YES**, was the audit successful, with no significant recommendations made? **YES/NO**

If **NO**, please advise what the significant recommendations were and whether they have been satisfactorily instigated:-

(g) Does the **PROPOSER** maintain up to date case notes and medical records including accurate records of all procedures undertaken for each patient and observatory records of post-procedural recovery?

YES/NO

If **NO**, please advise under what circumstances this would not happen:-

(h) Does the **PROPOSER** ensure that all treatment to patients under the age of consent is only undertaken with the consent of the relevant parent or legal guardian? **YES/NO**

If **NO**, please provide full details when this does not happen:-

(i) Does the **PROPOSER** ensure that in all reasonable instances an informed consent is obtained from the patient in writing before any surgical procedure is undertaken? **YES/NO**

If **NO**, please advise when such consent would not be obtained.

8. Medical Malpractice Insurance is underwritten on a 'claims made' basis and the Insurer will exclude any claim and/or circumstance which may give rise to a claim, which is known by the PROPOSER(s) prior to the inception date of the policy.

Please provide answers to the following questions after making full enquiry of all Principals, Partners, Directors and employees.

(a) Have any professional negligence or medical malpractice claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**

(b) Have any claims for dishonesty ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER** whether successful or otherwise? **YES/NO**

(c) Have any complaints or investigations ever been made or undertaken against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**? **YES/NO**

(d) Has the **PROPOSER** or any Director, Partner or employee of the **PROPOSER** ever had a document relating to the **PROPOSER**'s activities unintentionally destroyed, damaged, lost or mislaid? **YES/NO**

(e) Has the **PROPOSER** ever suffered any losses due to dishonesty of any Director, Partner or employee, or any other person or organisation? **YES/NO**

(f) Have any libel or slander claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**

(g) Have any infringement of copyright claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**

(h) Have any breach of confidentiality claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**

(i) Have any sexual harassment and/or abuse claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**

(k) After full enquiry is the **PROPOSER** or any Director, Partner or employee of the **PROPOSER** aware of any circumstances relating to the questions 7(a) to 7(i) above which may give rise to a potential claim or request for indemnity under the medical malpractice policy? **YES/NO**

If the answer to any of the above is **YES (for any of the last six years)**, please provide details below:-

Date of Loss	Date Notified	Claimant Name	Description of Claim	Excess	Payment Made By Insurers	Outstanding Reserve	Maximum Possible Loss	Status of Claim (e.g. Closed or Waiting for Legal Report)

9. Declaration

I/We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **PROPOSER** and are a fair presentation of the risk. After full enquiry, I/We also confirm that I/We 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.

Signature _____

Date _____

Position _____

For and/on behalf of the PROPOSER _____

Name in capital letters (Printed) _____

Following the commencement of this contract of insurance, the **PROPOSER** 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 Insurers. Such information must include anything which it considers may alter, influence the judgement of or prejudice the Underwriters' appraisal of the risk being covered hereunder. Failure to disclose such new or amended information may prejudice the **PROPOSER**'S position in the event of notification of a Claim under this policy.