

Individual practitioners insurance

Medical professional indemnity and public liability -
private practice proposal form

Important notice to the proposer to completion of this proposal form

1. Disclosure

The information provided in answers to the questions contained in this proposal form will be used by the underwriters to determine whether to provide you with the insurance requested and the terms of such insurance, including setting the premium payable.

You have a duty to take reasonable care to ensure that you do not make any misrepresentations to the insurer(s) when answering these questions, as the insurer will rely on the accuracy of your responses. This may mean that you will need to check your records in order to provide an accurate response.

If you do not answer any questions honestly, accurately or withhold information, the insurer may refuse to pay your claim, pay only part of your claim, and/or avoid your policy. If the insurer obtains evidence that you deliberately or recklessly provided incomplete or untrue answers to the questions set out in this form, the insurer will not pay out on any claims and may in fact demand repayment of any claims already paid. In some cases, the insurer may not return the premium to you.

Please answer all of the questions in this proposal form completely and truthfully to the best of your knowledge and belief, having made full enquiry.

2. Presentation

This proposal form must be completed by the proposed individual. All questions must be answered. If there is insufficient space to provide answers additional information should be provided on the proposer's letter headed paper.

Failure to present the Insurer with information may adversely influence the ability of the insurer to offer terms.

3. Guidance

If you are in any 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.

General information

Section A – your details

Title:

Forename:

Surname:

Any other name(s) previously used:

Date of birth:

Gender:

Nationality:

Contact address:

Postcode:

Contact telephone no:

Contact email address:

IMC registration number:

Registration type:

Date first registered with IMC:

Date you first started private practice
(minimum year and month):

Section B – academic details

Membership of any professional organisation:

Section C – activities

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

Anaesthetics	Industrial health	Pathology
Cardiology	Maxillofacial	Pharmacology
Cardiothoracic	Neurology	Physiology
Dermatology	Nuclear medicine	Plastic surgery
Endocrinology	Nutrition	Psychiatry
Gastroenterology	Oncology	Radiography / radiotherapy
General practice	Ophthalmology	Radiology
General surgery	Orthodontics	Rehabilitation
Genetics	Orthopaedic surgery	Rheumatology
Gynaecology	Otorhinolaryngology	Thoracic
Haematology	Paediatrics	Urology
Immunology	Palliative care	Vascular surgery

Please advise of any other area of medicine not listed above:

Please provide income figures by financial year (please give month/year) for the following:

	Projected income for the next accounting year ending (estimate) MM / YYYY.	Income for your last accounting year ending (actual) MM / YYYY.
Total gross annual income from Public (GMS) practice (Excl. Medico-legal work - euro€		
Total gross annual income from private practice (Excl. Medico-legal work) - euro€		
Total gross annual income from Medico Legal work - euro€		

Please advise which private hospitals you have admitting rights to:

Do you undertake paediatric work?

Yes

No

If so, please state % of work:

Do you operate a limited company or similar joint venture?

Yes

No

If so, please advise the company name and number.

Is this purely for fiscal reasons?

Yes

No

If they maintain their own indemnity:

Are you involved in private practice clinical trials. (If "yes" please provide details in section G below, including details of the clinical trials sponsor.)

Yes

No

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 in section G below including the profession / status, type of treatment provided, average frequency of high profile patients seen per annum.)

Yes

No

Do you undertake any type of work for any professional sports club or for professional sports people? (If "yes" please provide details in section G below including the sports profession / club, level of standard, type of treatment provided, average frequency of sports persons seen per annum, and whether you provide any pitch side first aid for sporting events.)

Yes

No

Are you involved in any clinical activities that require you to travel outside the Republic of Ireland ? (If "yes" please provide details in section G below including location of activities and average length of time spent overseas.)

Yes

No

Are you involved in any form of complementary or alternative medicine? (If "yes" please provide details in section G below including details of your qualifications and therapies provided.)

Yes

No

Do you plan to retire from either private practice or HSE activities, wind down your practice or permanently relocate overseas in the next 5 years? (If "yes" please advise of your plans in section G below.)

Yes

No

Section D – general questions

Please provide the following details in relation to both GMS and private practice.

Are you aware of any complaints or claims that have been brought against you, including any closed or settled matters, during the last 10 years?	Yes	No
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Have you ever been subject to an investigation or disciplinary action at any time by any regulator, employer or healthcare trust either in the Republic of Ireland or abroad which resulted in a suspension, conditions of practice, removal from the register, a warning or where no action was taken?	Yes	No
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Are you aware of any complaints or circumstances that may give rise to a claim or disciplinary action against you?	Yes	No
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Have you ever been convicted of a criminal offence or received a formal police caution?	Yes	No
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If you have answered "yes" to any of section D, please can you provide full details in section G below, 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;
- What action the employer, regulator or trust took against you, including any sanctions imposed;
- Information on any payments made on your behalf for either legal costs or indemnity payments

Section E – indemnity

Please advise the first day that cover is required:

Please provide full details of previous cover – please include all since qualification.

Insurer / indemnity provider	Start date	Limit of indemnity	Excess
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What is the amount of indemnity required?

Please advise how much you are currently paying for indemnity

Section F – consent

Please confirm that you always comply with the IMC's guidance on consent, including:

- accurately and comprehensively recording pre-operative discussions with patients;
- discuss alternatives to treatment, including the option of no treatment (if appropriate);
- record and keep copies of all information sheets given to patients and ensure that all information sheets provided are user friendly;
- ensure that all information sheets provided are signed and dated by the patient before treatment commences;
- include a cooling off period prior to procedure (if appropriate);
- not delegating the responsibility to obtain informed consent to any other party;
- ensure that the patient signs and dates the consent form prior to treatment, including and individual acknowledgement from the patient that all risks have been discussed and understood;

If no, please provide full details in section G below.

Yes

No

Section G – additional information

Please use the space below to provide any additional information as requested from the preceding questions.

Declaration

I declare that the statements and particulars contained in this proposal form are true and accurate to the best of my knowledge and belief and that I have not mis-stated, suppressed or omitted any information which is, or might reasonably be expected to be, relevant to the decision of the Insurer when setting the terms of the insurance.

I understand that the Insurer will rely on the information contained in this proposal together with any other information supplied by me when setting the terms of the insurance, including the premium.

I undertake to inform Insurers as soon as practicable if I become aware of any material change to the answers set out in this form occurring before completion of the contract of insurance. However, I understand that my duty to disclose material changes to this information continues after the completion of the proposal form and throughout any period of insurance (and any extension).

You should keep a record of all the information you have given to the Insurer, including a copy of this proposal form and any attachments.

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

Signed:

Name:

Position held:

Date:

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