













If you undertake one or more of the therapies/activities marked with an asterisk please provide full details of what is involved:

4. Over the past 5 years, and for the forthcoming 12 months, has there been or will there be any significant variation in the percentages shown in 2 or 3 , i.e. +/- 25% per therapy/activity? Yes  No
5. Is cover required for any previous, now ceased, therapy/activity which is different from that declared within this Proposal Form? Yes  No

If you have answered 'Yes' to questions 4 or 5 please provide full details:

6. Do you undertake:
- a) Any invasive or surgical techniques? Yes  No
- b) Clinical trials or tests on new medical equipment Yes  No

If you have answered 'Yes' to questions a) or b) please provide full details:

7. Do you prescribe and/or supply any products (including medicines, creams, etc)? Yes  No

If Yes, please provide details:

Product involved	Internal or external use?	Identity and location of producer/supplier	Turnover from sales
			%
			%
			%

8. Do you always undertake garda vetting if you are dealing with children or vulnerable clients? Yes  No
9. Do you have facilities for sterilisation of instruments in accordance with current guidelines? Yes  No
10. Do you operate a needle stick injury policy? If yes, please attach. Yes  No

11. Please give details of what patient records are kept and how long they are retained:

12. Do you obtain patient sign off prior to releasing their records to employer or other third parties? Yes  No

13. Do you carry out any treatment on animals?

Yes  No

If Yes, please provide details:

	Typical treatments carried out	Approx % of total fees relating to this work
Race Horses		%
Racing		%
Livestock		%
Other Animals		%

14. Do you enter into any contracts where legal jurisdiction is anything other than Ireland?

Yes  No

If in answering Question 1 you have declared fees from any territory other than the UK or Ireland or answered Yes to Question 14, please give full details including nature of contract, year, countries involved and jurisdiction applicable:

15. What percentage of your income is paid to sub-contractors?

%

16. Do you require cover for sub-contractors under your policy for claims made against them in respect of work they perform on your behalf?

Yes  No

If Yes, please provide details:

Name	Qualifications	Work undertaken	Fees Paid (last financial year)

17. How do you control and review the work that sub-contractors undertake for you?

18. Do you enter into written agreements with your sub-contractors?

Yes  No

19. Are sub-contractors undertaking work for you required to hold their own Malpractice Liability Insurance?

Yes  No

If so, for what amount?

€



## YOUR MALPRACTICE LIABILITY INSURANCE

1. Do you currently have a Professional Indemnity Insurance policy in force? Yes  No

If Yes, please provide details:

Insurer	Renewal Date	Limit of Indemnity (Any One Claim/Aggregate)	Premium	Excess	Retroactive Date

2. Has any previous policy for Malpractice Liability Insurance been cancelled or refused or had any special terms imposed by any insurer? Yes  No

If Yes, please provide full details:

3. What Limit of Indemnity do you require? Please indicate by ticking the box(es) below:  
 €250,000  €500,000  €1,000,000  Other Please state:

4. What Excess are you prepared to carry?  
 €500  €2,500  €5,000  Other Please state:

5. Do you require Professional Indemnity Cover? Yes  No

## YOUR CLAIMS HISTORY

1. Have any claims alleging a negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? Yes  No

If Yes, have such matters been notified to current or previous Underwriters? Yes  No

If Yes, please provide full details:

2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters
- a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? Yes  No
- b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? Yes  No

If Yes, please provide full details:

## ADDITIONAL INFORMATION

Please use this space to provide additional information in support of the answers given within the proposal form or simply to provide further details about you or your activities which you feel would be of interest to us. Please clearly show the question number to which the information relates:

## DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, [www.obf.ie](http://www.obf.ie).

### **What does OBF Insurance Group Ltd. do with your personal data?**

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub-contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

### **Your Rights under our Data Protection Policy**

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation

- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

### Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

### Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud and the non-disclosure of relevant information OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including where applicable private investigators and public bodies including An Garda Siochana;
- Check and/or file your details with fraud prevention agencies and databases such as InsuranceLink, and if you give us false or inaccurate information and we suspect fraud, we will record this. For more information on the functioning of InsuranceLink, please visit [insurancelink.ie](http://insurancelink.ie).

OBF Insurance Group Ltd. may also search these agencies and databases to :

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

## DECLARATION

The undersigned authorised Person declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:  Date: