

OBF

INSURANCE GROUP



MEDICAL MALPRACTICE

PROFESSIONAL INDEMNITY
PROPOSAL FORM

Coverholder at

LLOYD'S

OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1
T: +353 1 660 1033 / 676 0201 | F: +353 1 668 7985 | E: piteam@obf.ie | W: www.obf.ie

OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

Please Note:

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly and with reasonable care. The answers you give us must be true and complete. This is for your protection because, if you do not give us full and complete information, a claim under your policy could be declined or your cover cancelled. You should also advise us of any material changes in your circumstances which might alter the subject matter of the policy or the nature of the risk being insured. If you do not advise us of such changes, cover under the policy may be lost.
- The proposal form must be fully completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.

Please supply the following additional information:

- Company Brochure (if any)
- CV of all practitioners
- Any other relevant documentation

DETAILS OF COMPANY AND STAFF

1. Name of Individual or Company(s) ('You') including any Subsidiary Companies for whom cover is required:

2. Website:

3. Email address:

4. Phone No:

5. Establishment Date of Firm:

6. Address of all offices, including those of any overseas local offices or representatives:

Address	Name of Partner, Principal or Director responsible

7. Name(s) of any previous Company(s) requiring cover and details of the nature of work undertaken:

8. Please provide details of all Partners, Principals or Directors:

Please attach a CV for any Partner, Principal or Director with less than 5 years experience in this occupation.

Partners/Principals or Directors	Age	Qualifications	Membership/ Insurance	Date Qualified	Number of years with this Company

9. Please provide details of all full-time and part-time Consultants who are under a contract of service with you:

Consultants	Age	Qualifications	Membership/ Insurance	Date Qualified	Number of years with this Company

If less than 5 years experience in this occupation, please provide details of previous occupations:

18. Do you have a standard contract terms and conditions which you use in every case? Yes No

If Yes, please provide us with copies.

If No, please explain why and detail the alternative methods you use to confirm terms of engagement with your clients:

19. Are you accredited, or in the process of being accredited, to any Quality Assurance standard? Yes No

If Yes, please provide details:

COMPANIES WITH WHOM YOU ARE ASSOCIATED

1. Do you undertake work for any partnership, company or organisation in which any Partner, Principal, Director or Employee holds a position whereby he/she is able to make major decisions on behalf of such partnership, company or organisation? Yes No

2. Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice, company or organisation? Yes No

If you have answered 'Yes' to either of questions 1 or 2 please provide full details:

3. What percentage of your income is derived from the associated companies detailed above? %

4. Is cover required for the work you undertake for the associated companies detailed above? (Cover may be restricted to claims made by independent third parties) Yes No

5. Has any Partner, Principal or Director been a Partner, Principal or Director of or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

6. Has any Partner, Principal or Director been made personally bankrupt? Yes No

If you have answered 'Yes' to either of questions 5 or 6 please provide full details:

YOUR ACTIVITIES

1. Please state your gross fees (including those paid to sub-contractors) for each of the last three financial years and an estimate for the next financial year in respect of fees billed to clients based in the following territories:

Year	Ireland	UK	EU (excl. Ireland & UK)	USA/Canada	Rest of the World	Total
Last Completed Financial Year						
Current Financial Year						
Next Financial Year (estimate)						

2. Please indicate an approximate split in your fees between:

Case Management: % Consultancy: %

Medico-Legal: % Treatment: %

Other – details please: %

3. Please indicate the approximate percentage split in your fees (including payment to sub-contractors) for each of the following categories:

Therapy/Activity	
Acupressure	
Acupuncture	
Alexander Technique	
Allergy Testing	
Applied Kinesiology	
Aromatherapy	
Bach Remedies	
Beauty Therapy	
a) Ear and Body-piercing*	
b) Electrolysis	
c) Hair Removal	
d) Red Vein Treatment	
e) Other*	
Bio-Magnetic Therapy	
Bowen Technique	
Chiropody	
Chiropractic	
Colonic Irrigation	
Colour/Light/Sound Therapy	
Cosmetic Surgery*	
Counselling*	
Cranio-Sacral Therapy	
Crystal Therapy	
Cupping	
Healing*	
Hearing Testing	
Herbal Medicine	
Doctor GP	
Dentistry	

Therapy/Activity	
Homeopathy/Naturopathy	
Hopi Ear Candles	
Hypnosis	
a) for entertainment	
b) not for entertainment	
Mc Timony Chiropractic	
Magnet Therapy	
Massage	
a) Indian Head & Foot	
b) Shiatsu	
c) Sports	
d) Thai	
e) Other*	
Nursing*	
Nutrition Therapy	
Occupational Therapy	
Osteopathy	
Physiotherapy	
Psychology	
Psychotherapy	
Radionics	
Reflexology	
Reiki	
Slimming Advice	
Teaching*	
Stress (Adults)	
Yoga/Pilates	
Any Other Therapy*	
Total	100%

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.

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 as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Siochana
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/ she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position: Date: