

MEDI|GUARD
MEDICAL MALPRACTICE
BARIATRIC SURGEON
Proposal Form

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IMPORTANCE NOTICE TO THE PROPOSER:

It is important that you provide us with all the information that Insurers require to be able to provide a quotation. Any 'material fact' or any information which may alter the judgement of an insurer in assessing the risk must be disclosed to the Insurers. Any 'material change' must be disclosed to the Insurers. A 'material change' is any information which may alter the judgement of an Insurer that has not previously been disclosed as a material fact.

HOW TO COMPLETE THIS FORM:

This proposal form must be completed in black ink by the proposed individual. If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form.

Please note that in addition to this we will need an updated copy of your 'Letter of Good standing' which can be requested by yourself from your Medical Defence Organisation.

SECTION A – PERSONAL

FULL NAME: DATE OF BIRTH:

PRACTICE ADDRESS:

POSTCODE:

HOME ADDRESS:

POSTCODE:

MOBILE TEL NO: PRACTICE TEL NO:

EMAIL:

NATIONALITY:

SECTION B - QUALIFICATIONS

QUALIFICATION: YEAR OF QUALIFICATION

NAME OF MEDICAL SCHOOL:

COUNTRY OF QUALIFICATION:

PLEASE CONFIRM IF YOU HAVE ANY POST GRADUATE QUALIFICATIONS OR HAVE ANY AREAS OF SPECIALIST TRAINING.

GMC REGISTRATION NUMBER:

DATE OF REGISTRATION:

CURRENT REGISTRATION STATUS

SECTION C - CLINICAL ACTIVITIES

Please advise as follows:

1. Are you registered to practice in any other countries? Yes No

If yes please provide details below:

2. Do you undertake any surgical procedures outside of the UK? Yes No

If yes please provide details below:

3. Please state whether you operate a limited liability company, limited liability partnership or similar joint venture: Yes No

If yes, please provide the company name and registration number:

Company Name: Registration number:

Company number: Registration number:

If you have answered yes to the above, please state whether this is solely for fiscal reasons: Yes No

4. Please state whether any other healthcare practitioner(s) provide services under the name of your limited liability company or limited liability partnership: Yes No

5. Please state whether you directly employ any staff (e.g. administrative, nursing): Yes No

6. Please state whether you treat any high profile patients whose income is generated by public or Media: Yes No

If yes please provide details below:

SECTION C - CLINICAL ACTIVITIES

7. Please state your current practice privileges:

Practice or Hospital (Premises)	Address	Private Hospital groups (e.g BMI, Spire Nuffield)	Average Working Hours Practiced at this Address/Week

8. Please state whether you have peer support available to discuss unusual or complex cases which are at the limit of your expertise/experience:

Yes No

If yes, please explain what you would do if presented with such a case

9. Please state whether you are involved in any clinical trials for which you require cover:

Yes No

If yes, please provide full details

10. Please state whether you provide any remote prescribing or telemedicine services in private practice:

Yes No

If yes, please provide full details including the number of hours per month:

SECTION C - CLINICAL ACTIVITIES

11. Please state whether you participate in any activities that fall outside of your area of specialty for which you require cover (e.g. voluntary work, complementary medicine):

Yes No

If yes, please provide full details

12. Please state whether you plan to retire during the next 5 years

Yes No

If yes, please provide the anticipated dates:

From Private Practice:

From the NHS:

From Medico Legal Work:

MM/YY

MM/YY

MM/YY

13 Please provide details of your surgical procedures and consultations performed in the last 12 months as follows:

Total Number of Procedures	
Total Number of Consultations	
Procedures Performed Under Local Anaesthetic	%
% Procedures Performed Under General Anaesthetic	%
TOTAL	100%

Please provide the % of your surgical procedures performed under general anaesthetic as follows:

Procedures Undertaken Up to 1 Hour	%
% Procedures Undertaken > 1 to 4 Hours	%
% Procedures Undertaken > 1 to 4 Hours	%
% Procedures Undertaken > 4 to 8 Hours	%
% Procedures Undertaken > 8 Hours	%
TOTAL	100%

Please provide details of the age distribution of your patient list:-

13-16 YEARS	%
17-25 YEARS	%
26-40 YEARS	%
41-60 YEARS	%
61 + YEARS	%
TOTAL	100%

SECTION C - CLINICAL ACTIVITIES

14. 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	%
Private Practice Treating Private Patients Via A Contract With A Private Company (e.g. BMI, Spire, Nuffield, Ramsey , HCA, Circle etc)	%
NHS Outsourced Work For Which You Require Indemnity	%
NHS Practice With The Benefit Of NHS Indemnity (not covered hereunder)	%
Medico-Legal Reports	%
Other (please state)	%
TOTAL	100%

15. 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 NHS work which has the benefit of NHS Indemnity:

	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
Gross Revenue In Sterling	£	£	£	£

16. Please provide details of your procedure types undertaken during the last full financial as follows:

Surgical Procedure		Number of Procedures
Gastric Balloon		
Gastric Band	Open	
	Laparoscopic	
Sleeve Gastrectomy	Open	
	Laparoscopic	
Gastric Bypass	Open	
	Laparoscopic	
Bilo-Pancreatic Diversion	Open	
	Laparoscopic	
Bilo-Pancreatic Diversion with a Duodenal Switch	Open	
	Laparoscopic	
Other (Please Specify)		
TOTAL		

Please provide full details of any issues that you have faced regarding defective medical products used e.g. gastric bands, access ports, gastric balloons or other:

[Redacted]	
	YES/NO
Did you provide any activities and disciplines in the last 6 years that are not currently undertaken or are you planning any new activities for the next 12 months: -	

If YES, please provide details

17. Please provide the following details

17.1 Are you aware of any complaints, claims or circumstances that have been brought or threatened against you, or any incident which could lead to such a complaint, claim or circumstance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.2 Are you aware of any circumstances, which could lead to disciplinary action or suspension from practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.3 Are you aware of any circumstance, which could lead to an investigation, suspension, the imposition of conditions or restrictions on your registration or licence to practice, or your removal from a professional register of your licence, by the relevant registration body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.4 Have you ever been subject to any form of disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.5 Have you ever had any conditions to practice, been suspended from practice or dismissed from practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.6 Have you ever been subject to any form of investigation by a registration body or equivalent in another country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.7 Have you ever been refused registration or licence to practice or been erased from registration or has your licence to practice been removed by a registrations body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.8 Have you ever had any restrictions or conditions imposed on your registration or licence to practice by a registration body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.9 Have you ever been subject to a Medical Defence Organisation adverse member procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.10 Have you ever had your membership of a Medical Defence Organisation or similar refused, cancelled or non-renewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.11 Has any Insurer declined to insure you, impose special terms, cancelled or decline to renew your insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.12 Have you ever been convicted of a criminal offence or received a formal police caution not spent under the Rehabilitation of Offenders Act 1974?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.13 Have you ever been declared bankrupt or subject to insolvency proceedings, or entered in to any voluntary arrangements with creditors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered “yes” to any of the above, please can you provide full details on the additional information page.

ADDITIONAL INFORMATION FOR SECTION D:

If you answered “yes” to any question in section D, please can you provide full details.

Lined area for providing details.

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SECTION E - INDEMNITY HISTORY

18. Please advise of the first day cover is required:

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

Indemnity provider	Limit of Indemnity	Start Date	Excess	Premium

18.2 Please state limit of indemnity required (GBP):

18.3 Has prior cover been on a CLAIMS MADE basis? Yes No

If 'Yes' what are the retroactive dates?

SECTION F - DECLARATION

I declare that the statements and particulars contained in the proposal form are true and that I have not mis-stated or suppressed any material facts.

I agree that this proposal form together with any other information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alterations to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after completion of the proposal form and throughout any period of insurance (any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signature

Print name

Date

This proposal form, duly completed, together with any supplementary information, must be signed in ink. Signature of the form does not bind the Proposer or the Underwriters to complete this insurance.

Data Protection Act – All personal information supplied by you will be treated in confidence by GS London Markets Ltd and will not be disclosed to any third parties except in the process of providing insurance terms, unless your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems GS London Markets Ltd or our agents or subcontractor.

