

MEDI|GUARD
MEDICAL MALPRACTICE
GENERAL PRACTICE
Proposal Form

MEDI|GUARD

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' any information which may alter the judgement of an insurer in assessing the risk must be disclosed to the Insurers. Any 'material change or information' 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 Mutual Defence Organisation.

SECTION A – PERSONAL

FULL NAME:	<input type="text"/>	DATE OF BIRTH:	<input type="text"/>
PRACTICE ADDRESS:	<input type="text"/>		
	POSTCODE:		
HOME ADDRESS:	<input type="text"/>		
	POSTCODE:		
MOBILE TEL NO:	<input type="text"/>	PRACTICE TEL NO:	<input type="text"/>
EMAIL:	<input type="text"/>		
NATIONALITY:	<input type="text"/>	GENDER:	<input type="text"/>

SECTION B: QUALIFICATIONS:

QUALIFICATION:	<input type="text"/>	YEAR OF QUALIFICATION	<input type="text"/>
NAME OF MEDICAL SCHOOL:	<input type="text"/>		
COUNTRY OF QUALIFICATION:	<input type="text"/>		
PLEASE CONFIRM IF YOU HAVE ANY POST GRADUATE QUALIFICATIONS OR HAVE ANY AREAS OF SPECIALIST TRAINING.			
<input type="text"/>			
GMC REGISTRATION NUMBER:	<input type="text"/>		
DATE OF REGISTRATION:	<input type="text"/>		
CURRENT REGISTRATION STATUS	<input type="text" value="FULL/ LIMITED/ PROVISIONAL"/>		

SECTION C: PRACTICE DETAILS

1 Type of Practice

	Yes	No
A single Handed Practitioner	<input type="checkbox"/>	<input type="checkbox"/>
Part of a Group Practice	<input type="checkbox"/>	<input type="checkbox"/>
GP Registrar. If "yes", then please advise if you are:	<input type="checkbox"/>	<input type="checkbox"/>

i. In General Practice:	Start Date	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="YEAR"/>	Finish Date	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="YEAR"/>
ii. In NHS Hospital:	Start Date	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="YEAR"/>	Finish Date	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="YEAR"/>

Other (inc Locum)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

2. If working in a Group Practice, how many partners are there in your practice?

3. Do you practice:

Full Time	Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Part Time. If "yes" please state the number of sessions worked per week				<input type="text"/>	<input type="text"/>
				<input type="text"/>	Sessions

What is the list size of the practice that you work in?

5. Anticipated annual income £

6. Do you undertake any telephone triage

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
If yes, is it only for your own patients?	<input type="checkbox"/>

7. Do you carry out any 'out of hours' activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
If yes, does this include telephone triage?	<input type="checkbox"/>

8. On average how many hours per week do you carry out 'out of hours' activities?

9. On average how many of 'out of hours' hours do you carry out telephone triage?

10. Who is this work for?

11. How long have you worked in the area (locality) to which you provide OOH services?

	Yes	No
12. Are audits undertaken and feedback on your performance given?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you been refused an out of hours position?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you on the PCT Performers list?	<input type="checkbox"/>	<input type="checkbox"/>
15. What is your Annual Income?	<input type="checkbox"/>	<input type="checkbox"/>



SECTION C: PRACTICE DETAILS

Yes No

16. Do you undertake any private work?

If yes, please provide details of the type of work/services undertaken and for whom?

Yes No

17. Are involved in any cosmetic procedures, where the primary objective is to improve cosmetic appearance.

If yes please advise below:

18. How many home birth do you attend per year?

Yes No

19. Are you an appointed club doctor?

If yes please provide details

Yes No

20. Do attend any type of sports events in a professional capacity, more than 3 times a year?

If yes please provide details below:

SECTION C: PRACTICE DETAILS

21. What percentage of your time is spent undertaking procedures on the minor surgical list?

22. Do you perform any procedures not on the minor surgical list? If 'yes' please provide full details on the procedures undertaken. Yes No

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23. Do you undertake any other work for which you require indemnification for (e.g. Company Doctor)? If "yes" please provide full details. Yes No

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24. Are you a GP with Special Interests? If "yes" please state your speciality and provide details of the work you carry out, including where (e.g. for other practices). Yes No

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25. Do you own or operate a Hospital, Nursing Home, Clinic Laboratory, Day Surgical Centre or similar facility? If "yes" please provide full details. Yes No

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26. Are you involved in any form of complimentary or alternative medicine? If "yes" please provide full details of your qualifications and therapies provided below. Yes No

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27. Do you plan to retire in the next 5 years? Yes No

SECTION D: CLAIMS EXPERIENCE

Please provide the following details

1.1 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"/>
1.2 Are you aware of any circumstances, which could lead to disciplinary action or suspension from practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.3 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"/>
1.4 Have you ever been subject to any form of disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.5 Have you ever had any conditions to practice, been suspended from practice or dismissed from practice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.6 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"/>
1.7 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 registration body?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.8 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"/>
1.9 Have you ever been subject to a Medical Defence Organisation adverse member procedure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.10 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"/>
1.11 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"/>
1.12 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"/>
1.13 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

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

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

Indemnity provider	Limit of Indemnity	Start Date	Excess	Premium

3.2 Please state limit of indemnity required (GBP):

3.3 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.

