

**MEDI|GUARD**  
**FETAL MEDICINE**  
**Proposal Form**

MEDI|GUARD



**SECTION B: MEDICAL SERVICES**

**2.1** Is the PROPOSER or any Principal, Partner or Director of the PROPOSER’s business connected or associated (financially or otherwise) with any other Organisation with which the PROPOSER undertakes business?

Y  N

If YES, please provide details including what work is undertaken for and/or on behalf of such Organisation:-

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**2.2** Please provide a full description of the PROPOSER’s activities (including any activities undertaken in the last six years not currently undertaken and any new activities planned for the next twelve months):-

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**2.3** Does the insured undertake any activities outside the UK:  
If YES, please provide full details:

Y  N

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**2.4** Please advise the total number of medically qualified staff for each general category as detailed in the table below. The definition of each type is as follows (please use the most appropriate definition):

A. EMPLOYED – Any professional working under a contract of service solely for the PROPOSER (under a traditional PAYE arrangement):

B. FREE SERVICE / SELF EMPLOYED – Any independent professional working under a third party services agreement with the PROPOSER. Such individual may undertake work separately and elsewhere for other medical entities;

C. CONTRACTED STAFF – Any professional working for the PROPOSER within a pre-agreed timescale and under “project” terms of engagement. Such professionals are often contracted as a group. Examples include NHS staff contracted to a private clinic (Per Misc. ENTITY amendment)

	A. EMPLOYED With no Separate Insurance	A. EMPLOYED But Insured With The MDU / MPS or elsewhere	B. FREE SERVICE / SELF- EMPLOYED	C. CONTRACTED STAFF
Counsellors				
Geneticists				
Clerical Administration				
Nurses				
Radiologists				
Sonographers & Scanners				
Surgeons & Consultants				
Any Other Speciality (Please specify)				
<b>TOTAL</b>				

\* Underwriters normally expect that the FREE SERVICE / SELF-EMPLOYED OR CONTRACTED STAFF purchase separate medical malpractice insurance. If this is not the case and any such individual requires cover under the PROPOSER’s insurance, this will have to be discussed and specifically agreed and endorsed by the Underwriter hereunder.

**3.1** When is the PROPOSER's Financial Year End?

Please provide the following information for each of the last three full financial years and the current incomplete financial year:

Financial Information: Should Be Detailed In British Pounds	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
<b>FINANCIAL</b>				
2. Wage Roll				
3. Net Profit				

**3.2** Is the **PROPOSER** or any Principle, Partner or Director of the **PROPOSER's** business connected or associated (financially or otherwise) with any other Organisation with which the **PROPOSER** undertakes business?

Yes  No

If YES, please provide details including what work is undertaken for and/or on behalf of such Organisation:

**3.3** Please advise what percentage of the revenue earned in the last full financial year was from each of the following:

	PERCENTAGE
Public Funding / NHS	%
Private Insurance Schemes	%
Private Individuals	%
Charitable Donations	%
Other (Please Advise)	%
<b>TOTAL</b>	<input type="text"/> %

**3.4** Where the patient does not use the PROPOSER's scanning services for diagnostic reasons (e.g. elective imaging) is it made clear contractually that the PROPOSER does not have any responsibility for the diagnosis of any health issues?

Yes  No

If NO, please advise how the PROPOSER limits its potential liability in this regard.


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3.5

In terms of the last full financial year, please detail the split in Gross Revenue attributable to each of the following clinical categories along with the number of specific procedures performed

Categories	Percentage of Gross Revenue	Number of Procedures
Ultrasound Scanning	_____ %	
Viability Scan		
Nuchal Scan		
Anomaly Scan		
Wellbeing Scan		
Cardiac Scan		
Cervical Scan		
Doppler Scans		
3D & 4D Scans		
MRI Scans	_____ %	
Blood Testing	_____ %	
MSAFP		
Harmony Test		
Invasive Diagnostic Testing	_____ %	
Amniocentesis		
Chorion Villus Sampling		
Umbilical Cord Sampling		
Fetoscopic Surgery	_____ %	
(Please specify procedures performed)		
Non-invasive Fetal Therapy	_____ %	
(Please specify treatments administered)		
Other Categories (Please Specify _____)	_____ %	
<b>TOTAL</b>	<b>100%</b>	

3.6 Does the PROPOSER have adequate internal processes in place to prove that it is undertaking “best endeavours” to ensure that each and every Registered Medical Practitioner whether an Employee, or whether appointed by and/or acting for or on behalf of the PROPOSER under a separate contract or agreement for services:-  Maintains a separate professional liability insurance policy (whether professional indemnity or medical malpractice insurance) with a minimum policy limit of £5,000,000 with an insurance provider (with a minimum of A- security with Standard & Poors or other credit rating agency of similar standing); and such insurance has no unusually restrictive policy terms, conditions, limitations or exclusions that would negate cover; or  Maintains a membership or registration of a medical association protection scheme (for example as provided by the Medical Defence Union or Medical Protection Society)?

Yes  No

(\*Registered Medical Practitioners’ is defined as any registrant of the following statutory regulated bodies:- General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; or any similar statutory regulatory bodies to the list above, but where such bodies are outside of the UK.)

If NO, please advise under what circumstances this would not happen:-


3.7 Does the PROPOSER have adequate internal processes in place to prove that it is undertaking “best endeavours” to ensure that each and every Registered Medical Practitioner who is not an Employee, contracts with the PROPOSER using a formal contract for services or practising privileges agreement? (Such contract or agreement must stipulate that the Registered Medical Practitioner acts as an independent contractor, and must not define the Registered Medical Practitioner as an agent, Employee or servant of the Insured.)

Yes  No

If NO, please advise under what circumstances this would not happen:-


3.8 Does the PROPOSER ensure that all Medical Practitioners working for and on behalf of the PROPOSER (whether EMPLOYED, FREE SERVICE / SELF EMPLOYED or CONTRACTED) are current subscribing members of a recognised Medical Institute or relevant Professional Body and hold the relevant required valid licences to practise in their respective areas of specialism?

Yes  No

If NO, please advise under what circumstances this would not happen:-


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**3.9** Does the PROPOSER obtain satisfactory written references and confirmation of no historical medical malpractice related claims and/or circumstances for all Medical Practitioners prior to employing them or allowing them to use its premises?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If NO please advise why and when this would not happen:-


**3.10** Does the PROPOSER confirm that none of the Medical Practitioners working on its premises are:- (i) Under disciplinary review by any Medical Institute or relevant Professional Body or involved in any civil or administrative proceeding regarding malpractice?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

And:- (ii) Have been convicted for any felony or criminal offence, or are currently involved with a criminal proceeding of any kind?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If NO to (i) or (ii) above please provide full details:-


**3.11** Has the PROPOSER been satisfactorily audited within the last three years by a regulatory body?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If YES, was the audit successful, with no significant recommendations made?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If NO, please advise what the significant recommendations were and whether they have been satisfactorily instigated:-


**3.12** Does the PROPOSER maintain up to date case notes and medical records including accurate records of all procedures undertaken for each patient and observatory records of post-procedural recovery?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If NO, please advise under what circumstances this would not happen


**3.13** Does the PROPOSER ensure that all treatment to patients under the age of consent is only undertaken with the consent of the relevant parent or legal guardian?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If NO, please provide full details when this does not happen:


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**3.14** Does the PROPOSER ensure that in all reasonable instances an informed consent is obtained from the patient in writing before any surgical procedure is undertaken?

Yes  No

If NO, please advise when such consent would not be obtained.


**3.15** Does the PROPOSER ensure that in all reasonable instances an informed consent is obtained from the patient in writing before any surgical procedure is undertaken?

Yes  No

If NO, please advise when such consent would not be obtained.


GS  
LONDON  
MARKETS  
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**SECTION C : DECLARATION**

I / We 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/us 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 .....

Position.....

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.



