

MEDI|GUARD
FERTILITY CLINICS
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.

SECTION A – GENERAL INFORMATION

1.1 INSURED NAME: CONTACT NAME:

ADDRESS:

POSTCODE:

TELEPHONE NO: WEBSITE:

EMAIL ADDRESS:

1.2
PLEASE STATE:

The date the business was established:

D	M	YEAR
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 The date the business started trading:

D	M	YEAR
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1.3
Please provide details of all trading addresses, including any overseas trading addresses, below:

Address 1	Country
Address 2	Country
Address 3	Country
Address 4	Country

1.4
Please state whether you have ever been refused membership of any association, professional body or Self-regulating organisation or have had any licence suspended, revoked or had special conditions imposed:

Yes No

If yes, please provide full details:

SECTION B: MEDICAL SERVICES

2.1 Please advise the number of procedures undertaken by the PROPOSER along with procedure success rates as follows:

ACTIVITY	Number of Procedures During Last Full Financial Year	Procedure Success Rate:
Artificial Insemination by Donor		
Frozen Embryo Transfer (FET)		
Gamete Intra-Fallopian Transfer (GIFT)		
Embryo Testing/ Preimplantation Genetic Diagnosis (PGD)		N/A
Intracytoplasmic Sperm Injection (ICSI)		
Intrauterine Insemination (IUI)		
In Vitro Fertilisation (IVF)		
In Vitro Maturation (IVM)		
Ovarian Tissue Freezing		N/A
Pronuclear Stage Embryo Transfer (PROST)		
Reproductive Immunology		N/A
Storage of Gametes for Oncology Patients		N/A
Surgical Procedures (e.g. Surgical Sperm Retrieval, Testicular Biopsy); Please specify		N/A
Tubal Embryo Transfer (TE)		
Other (Please Specify)		
TOTAL		

2.2 Please provide a full description of any activities that require cover under this policy, that is not detailed in 2.1 above?

2.3 Is all donor semen screened, cryopreserved and quantified in line with current HFEA code of practice? Y N

2.4 Does any of insured activities involve clinical trials? Y N
If YES, please provide full details:

2.5 Does the insured undertake any activities outside the UK: Y N
If YES, please provide full details:

SECTION B: MEDICAL SERVICES

2.6 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
Anaesthetists				
Counsellors				
Clerical Administration				
Doctors (GP)				
Embryologists / Scientists				
Healthcare Assistants				
Laboratory Technicians				
Nurses				
Radiographers				
Sonographers				
Surgeons & Consultants				

Any Other Speciality (Please specify)				
TOTAL				

2.7 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
FINANCIAL				
1. Gross Revenue				
2. Wage Roll				
3. Net Profit				
OTHER INFORMATION				
4. No of Beds				
5. Average Bed Occupancy				
6. No of Operating Theatres				
7. No of Ops Under General Anaesthetic				
8. No of Ops Under Local Anaesthetic				
PATIENT NUMBERS				
9. No of In Patients				
10. No of Out Patients				
11. Cycle Numbers				

2.8 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:

2.9 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:-

2.10 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:-

2.11 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:-

2.12 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

2.13 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:-

2.14 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 for a period of at least ten years

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

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

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.

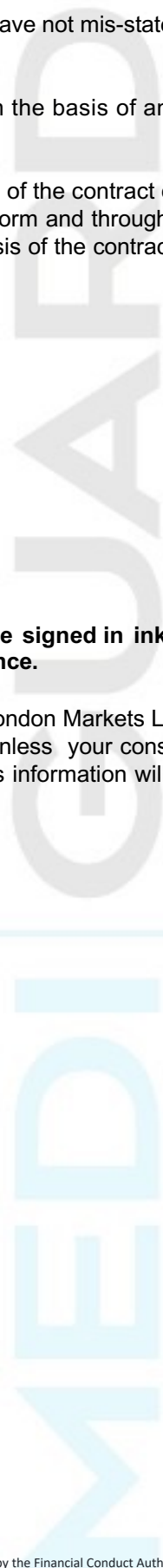
Signature

Print name

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.



Please use this sheet in reference to any additional information required: Ref Question

Lined area for providing additional information.

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