

## Healthcare Providers Application Form

This Application Form is for a claims made policy. A claims made policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- The Application Form must be completed clearly using black or blue ink.
- Please complete in BLOCK CAPITALS
- It is the duty of the Applicant to disclose all material facts. For the purpose of this Application Form, a material fact shall be deemed to be one that would be likely to influence an underwriters judgement and acceptance of the Application Form.
- Each section of this Application Form must be completed in full. Incomplete, or unsigned, forms will not be accepted.
- It is the responsibility of the Applicant to notify any changes to any material facts.
- Once completed, please sign and date the Application Form and return it to:

**Healthcare Department**  
**Paragon International Insurance Brokers Ltd.**  
**140 Leadenhall Street,**  
**London, EC3V 4QT.**  
**email: [healthcare@paragonbrokers.com](mailto:healthcare@paragonbrokers.com)**  
**fax: 020 7280 8270**

- Should there be insufficient room in the Application Form for details, please use the blank page at the back of the Application Form to record the answers, noting the appropriate question number.
- A copy of the Application Form should be retained for your own records.
- Upon acceptance of the Underwriter's terms and conditions and payment of the premium, all information provided by the Applicant, together with the guidance notes, will be deemed to be incorporated in the contract between Underwriters and the Insured.

Should you have any questions, please contact the Healthcare Department at Paragon International Insurance Brokers Ltd. on 020 7280 8200.

**THE SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE**

## Section 1. Applicant Details ▼

**This Application Form is designed exclusively for Medical Malpractice and Professional Indemnity Insurance.**

Please tick any of the following classes of insurance you also require:

- |                                                               |                                                             |
|---------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Public Liability<br>(Addendum 1)     | <input type="checkbox"/> Property<br>(Addendum 2)           |
| <input type="checkbox"/> Employers' Liability<br>(Addendum 1) | <input type="checkbox"/> Products Liability<br>(Addendum 3) |

Please complete the relevant addenda

1. Full Name of Company to be insured:

2. Date of Establishment:

DD / MM / YYYY

3. Registered Address

  
  


4. Postcode

5. Telephone No

6. Email Address

7. Website Address

8. Trading Names: (if different to above)

9. Other Trading Address:

  
  


10. Postcode

(If more trading addresses, please provide details on page 9)

## Section 2. Professional Services ▼

11. Company Characteristics (Please tick all appropriate boxes):

- For-Profit     
  Not-For-Profit     
  Government Entity     
  Sole Partnership  
 Limited Company     
  Professional Association     
  Partnership     
  Franchise  
 Other (please describe)

12. Please give a full description of the business activities for which cover is required:

13. Are there any major changes planned to the business in the forthcoming year? (Please give full details):

14. Please state the estimated number of patients seen per annum:

Inpatients

Outpatients

15. Please state:

Total Number of Beds

Average Daily Occupancy

16. Where does the Applicant provide their services for the client? (The total must equal 100%)

- |                     |                        |                   |                        |                                      |                        |
|---------------------|------------------------|-------------------|------------------------|--------------------------------------|------------------------|
| Trading Address(es) | <input type="text"/> % | Hospital / Clinic | <input type="text"/> % | Prison                               | <input type="text"/> % |
| Medical University  | <input type="text"/> % | Mobile Facility   | <input type="text"/> % | Other (Please provide details below) | <input type="text"/> % |

17. Please state the Gross Income generated from the Applicant's business. A copy of the accounts may be required.

	Last Financial Year (Actual)	Current Financial Year (Estimate)	Next Financial Year (Estimate)
UK	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Rest of World (Please state)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

18. Is any work undertaken for the NHS where liability is covered under the NHSLA Scheme?

- Yes     No

If Yes, please state or estimate the income generated for this work in the current financial year:

£

19. Does the Applicant sell or distribute any medical / pharmaceutical products and / or medical devices?  
(Not including those used on or by patients throughout the course of their treatment)

- Yes     No

20. Does the Applicant manufacture, alter, re-label, mix or blend products / devices in any way?

- Yes     No

21. What was the annual turnover from sales or distribution of medical / pharmaceutical products and / or medical devices?

Last Year £       Current Year £       Estimate for Next Year £

22. What proportion of last year's turnover declared in Question 21 was generated in the United States of America?

Last Year £       Current Year £       Estimate for Next Year £

## Section 2. Professional Services ▼

23. Is the Applicant registered with the Care Quality Commission?  Yes  No

24. If no, to Question 23, is the Applicant accredited / certified / licensed or registered with the appropriate regulatory body? (if Yes, by whom and specific to which operations?)  Yes  No

25. Has the Applicant ever been reviewed by a PCT, the Care Quality Commission, or another body?  Yes  No

26. Has the Applicants' accreditation / certification / license or registration ever been revoked?  Yes  No

27. Please provide the approximate percentage of income derived from each of the following disciplines: (The total must equal 100%)

Allied Health Therapy	<input type="text" value=""/>	%	Hyperbaric Oxygen Therapy	<input type="text" value=""/>	%
Antenatal Clinic	<input type="text" value=""/>	%	Learning Disabilities	<input type="text" value=""/>	%
Assisted Conception	<input type="text" value=""/>	%	Medical Repatriation	<input type="text" value=""/>	%
Bio Banks	<input type="text" value=""/>	%	Nutritional / Dietetics	<input type="text" value=""/>	%
Casualty / Emergency	<input type="text" value=""/>	%	Obstetrics / Maternity	<input type="text" value=""/>	%
Clinical Trials	<input type="text" value=""/>	%	Opticians / Optometry	<input type="text" value=""/>	%
Correctional Health	<input type="text" value=""/>	%	Paediatrics	<input type="text" value=""/>	%
Counselling	<input type="text" value=""/>	%	Palliative Care	<input type="text" value=""/>	%
Day Surgery / Treatment	<input type="text" value=""/>	%	Paramedic / Ambulance Response	<input type="text" value=""/>	%
Dentistry	<input type="text" value=""/>	%	Pathology / Laboratory Services	<input type="text" value=""/>	%
Diagnostic & Medical Imaging	<input type="text" value=""/>	%	Pharmacy	<input type="text" value=""/>	%
Dialysis Services	<input type="text" value=""/>	%	Primary Care Services - GP Clinic	<input type="text" value=""/>	%
Domiciliary Services	<input type="text" value=""/>	%	Primary Care Services - Out of hours	<input type="text" value=""/>	%
Drug / Alcohol Dependency	<input type="text" value=""/>	%	Psychiatric	<input type="text" value=""/>	%
Elderly Care	<input type="text" value=""/>	%	Rehabilitation	<input type="text" value=""/>	%
Elective Cosmetic	<input type="text" value=""/>	%	Sports Medicine / Injury	<input type="text" value=""/>	%
Eye Surgery	<input type="text" value=""/>	%	Surgical Major	<input type="text" value=""/>	%
Gynaecology	<input type="text" value=""/>	%	Surgical Minor	<input type="text" value=""/>	%
Health & Fitness Centre	<input type="text" value=""/>	%	Termination of Pregnancy	<input type="text" value=""/>	%

Other (please specify below)

## Section 3. Personnel Details ▼

28. Please list the Full Time Equivalent (FTE, being 40 hours per week) of the personnel working for, or on behalf of, the Applicant.

	FTE Employed	FTE Self Employed	FTE Locums		FTE Employed	FTE Self Employed	FTE Locums
<b>Physicians</b>				<b>Other Medical Personnel</b>			
Non-procedural	<input type="text"/>	<input type="text"/>	<input type="text"/>	Allied Health Professionals	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Specialisms</b>				Attendant Carers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Anaesthetics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Auxiliaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gynaecology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Counsellors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obstetrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dentists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oncology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Laboratory Technicians	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ophthalmology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Midwives	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pathology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Psychiatry	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurse Anaesthetists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Radiology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Nurse Practitioners	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Sub-Specialisms / Surgery</b>				Opticians / Optometrists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardio-Thoracic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Paramedics	<input type="text"/>	<input type="text"/>	<input type="text"/>
General	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pathology Technicians	<input type="text"/>	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pharmacists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Oral & Maxillofacial	<input type="text"/>	<input type="text"/>	<input type="text"/>	Physiotherapist	<input type="text"/>	<input type="text"/>	<input type="text"/>
Otolaryngology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Psychologists	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paediatrics	<input type="text"/>	<input type="text"/>	<input type="text"/>	Radiographers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Plastic & Reconstructive	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>Non-Medical Personnel</b>			
Trauma & Orthopaedic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Directors / Partners / Principles	<input type="text"/>	<input type="text"/>	<input type="text"/>
Urology	<input type="text"/>	<input type="text"/>	<input type="text"/>	Clerical / Administration	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vascular	<input type="text"/>	<input type="text"/>	<input type="text"/>	Other (Please specify on Page 9)	<input type="text"/>	<input type="text"/>	<input type="text"/>

29. Does the Applicant have in place a formal procedure for determining that:

- All doctors / surgeons have and maintain their own personal Professional Indemnity Insurance  Yes  No
- All other personnel are registered with the appropriate regulatory body?  Yes  No

30. In respect of all personnel do you provide in every case:

- An induction programme and employee hand book  Yes  No

31. Does the Applicant have formal procedures for ensuring that all personnel are provided with:

- Formal Training  Yes  No
- Supervision where necessary  Yes  No
- Continuing education for permanent members of personnel  Yes  No
- Appraisal / assessment for permanent members of personnel  Yes  No
- A confidentiality clause included in their contract / terms of service  Yes  No

## Section 4. Risk Management ▼

32. Does the Applicant adopt the following quality controls and risk management procedures?

- Are patients provided with written material routinely as part of the consent procedure?  Yes  No
- Are patients consented to/informed by the practitioner who will be undertaking the procedure in every case?  Yes  No
- Are there protocols in place for the management of standard, frequently encountered conditions?  Yes  No
- Is there a system of on-going audit to ensure compliance with protocols?  Yes  No
- Is there a formal complaints procedure?  Yes  No
- Is there a system for the reporting and investigation of adverse / significant events?  Yes  No
- Is there a Health and Safety policy?  Yes  No
- Is there periodical Health and Safety training for personnel (e.g. manual handling)?  Yes  No
- Is there a protocol to ensure that good quality, contemporaneous medical records are made after all clinical contacts with patients (including telephone contacts)?  Yes  No
- Has the Applicant had a risk assessment carried out by an independent organisation within the last three years?  Yes  No
- Are there procedures in place for the checking and maintenance of clinical equipment or devices owned by the Applicant?  Yes  No
- Is leased clinical equipment or devices regularly checked and maintained by the supplier?  Yes  No
- Are there formal arrangements in place to follow up with referred patients where necessary?  Yes  No
- Are there formal arrangements in place for communicating with a referred patient's GP for each assessment of their treatment?  Yes  No

33. Does the Applicant provide facilities for the sterilisation of instruments in accordance with current guidelines and do you ensure that effective cross-infection methods are employed?  Yes  No

34. Does the Applicant have a protocol for needlestick injuries?  Yes  No

35. Does the Applicant maintain, and will continue to maintain, accurate descriptive records of all Medical Services provided for a period of at least seven (7) years from the date of treatment, and in the case of a minor, for at least seven (7) years after that minor attains majority?  
(If "No" please provide full details on Page 9)  Yes  No

## Section 5. Indemnity ▼

36. Please provide details of the Applicant's current arrangements for Medical Malpractice and Professional Indemnity Insurance.

Insurance Company

Limits of Liability £  Retroactive Date

Excess £  Policy Period From

Premium £  To

37. Requested Cover – Please indicate the level of indemnity that the Applicant requires.

Limit of Liability  £1 Million  £2 Million  £5 Million  £10 Million  Other

Excess  £5,000  £10,000  £25,000  £50,000  Other

38. Please state the date that the Applicant requires the insurance cover to commence

## Section 6. Claims History and Punitive Measures ▼

39. Has any application for this type of insurance cover ever been:

Declined?  Yes  No      Cancelled?  Yes  No      Required special terms?  Yes  No

If "Yes" to any of the above, please give full details in the space below.

40. Have any claims been brought against the Applicant in the past 5 years?  Yes  No

41. Does the Applicant know of any incident which may give rise to a claim being made against the Applicant?  Yes  No

42. Have all of the above, in Question 40 and 41, been notified and accepted by previous Insurance Companies?  Yes  No

43. Has the Applicant or any of its Directors, Officers, Consultants or Employees ever been sanctioned or had disciplinary actions brought against them by any professional medical society, accreditation agency, or other governmental or non-governmental oversight entity?  Yes  No

**If "Yes" to any of the above questions, please provide full details with complete information on all claims and circumstances, including full financial details. Please also provide dated copies of the loss runs from any previous insurers.**

## Section 7. Declaration ▼

I/We declare and warrant that after enquiry all statements and particulars contained in this application form are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this application form and should the above particulars alter in any way, I/We will advise Paragon as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the application form may result in the refusal to provide indemnity or voiding the policy in every respect. I/We hereby accept that this Declaration shall be the basis of the contract between both parties if entered into. By signing this document, I/We authorise Paragon International Insurance Brokers Ltd to release information, if applicable, and I/We confirm that we have read Section 8 – The Initial Disclosure Document.

FOR AND ON  
BEHALF OF

Name of Applicant

Signature

Dated

DD / MM / YYYY

Name

Position

(IN BLOCK CAPITALS)

### **E.U. Disclosure Clause (UK)**

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law. Any enquiry or complaint should be addressed in the first instance to your Broker or Insurer. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyds to review your case without prejudice to your rights in law.

Address:- Complaints and Advisory Department Lloyd's, One Lime Street, London, EC3M 7HA.

Telephone:- 020 7327 1000

### **Data Protection**

Any personal information you provide may be passed to your Insurer(s) in relation to your application for Insurance Cover. It may be used by such Broker's or Insurers' relevant staff in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to medicolegal advisors, loss adjusters and reinsurers for these purposes. In the signing of this Application form or otherwise seeking insurance through us, you are agreeing to the above terms.

Paragon International Insurance Brokers Ltd.  
Authorised and Regulated by the Financial Services Authority.  
Accredited Lloyd's Broker

## **Initial Disclosure Document (IDD)**

### **Introduction**

Paragon International Insurance Brokers Ltd (Paragon) is authorised and regulated by the Financial Service Authority (FSA) which is the independent body that regulates financial services in the UK and they require Paragon to send this document. Paragon's FSA reference number is 310157. It is possible to check information in this document by visiting the FSA's website <http://www.fsa.gov.uk/register> or by contacting the FSA on (44) 0845 606 1234 or writing to them at 25 The North Colonnade, Canary Wharf, London. E14 5HS, UK.

Please use the information in this document to decide if Paragon's services are right for you.

Paragon is an independent Lloyd's accredited broker and is based in London. Paragon is owned by its Directors and staff through a Holding Company and there are no outside shareholders. Paragon uses insurance markets based in the UK, Europe, Bermuda and North America and a list of the markets it uses is available on request. Paragon can offer a range of insurance products from insurers based in these countries. It is not tied to, or acts as agent of, any insurer except in the collection of monies and the holding of documents involving certain insurers. It does not own any shares in any insurance company anywhere in the world or any Lloyd's entity.

### **Paragon's Responsibilities.**

Paragon will discuss with you, or your representative, your insurance requirements and if appointed in writing as your insurance broker it will approach insurance markets which it considers appropriate. Paragon will keep you fully informed on a regular basis of its progress or otherwise.

Paragon will present in writing the terms negotiated with the markets and will give its independent advice and recommendations when you are deciding the coverage to buy, the terms and conditions and which insurance markets to use. Paragon will highlight any conditions and/or subjectivities required by insurers and will discuss with you how best they can be addressed.

Unless specifically requested in writing Paragon will not issue formal Cover notes. However Paragon will provide detailed written confirmation of the terms and conditions of the insurance placement by letter or fax or as an attachment to an email when binding coverage. Paragon will use its best endeavours to obtain formal policy documentation, which may be in electronic form, from the insurers as soon as possible.

In respect of insurance placements arranged by Paragon, and with your written request, Paragon will negotiate with insurers any amendment to the terms of any placement and it will present and negotiate claims advices and settlements provided it is still the appointed broker.

In providing services pursuant to this agreement Paragon will supply information about you and any claims to third party insurance providers and intermediaries ("Third Parties")

Paragon will not permit access by any third party to any information it holds except information held by Paragon as agent of insurers, in order for services to be supplied on your behalf, as otherwise set out in this agreement, or as is otherwise required by a court, regulator, law or other legal authority or other legitimate third party. In order for Paragon to provide its services, information provided by you may be transferred by or on behalf of Paragon or other Third Parties to destinations outside the European Economic Area ("EEA") whose laws are not as protective as those of the EEA. To the maximum extent permitted by applicable law, Paragon's liability arising under or in connection with this document in respect of data loss, damage or unauthorised disclosure shall never exceed £1 million in any twelve month period measured from the date on which Paragon executes this IDD.

Paragon will keep all original documents or have them electronically stored, (and then destroy all original documents) for the appropriate amount of time as required by Paragon's regulator and/or industry best practice.

Certain insureds may be entitled to compensation from the Financial Services Compensation Scheme (FSCS). This depends on the type of business and the circumstances of the claim. Full information can be obtained from their website which is [www.fscs.org.uk](http://www.fscs.org.uk) or the FSA.

Paragon only uses insurers that have been rated A- or higher by A.M Best or have been rated A- or higher by Standard & Poors. Paragon never acts as an insurer. Paragon does not guarantee the solvency of any insurer it places business with, or the ability of an insurer to meet policyholder obligations. As a result, final decisions on insurer suitability must rest with you.

### **Your Responsibilities**

You are responsible for producing, in writing, complete and accurate disclosure of all material facts of the risks to be insured. Material facts are those that influence a reasonable insurer when deciding to provide insurance or not, and if so, the terms and conditions of such insurance. The use of an application form supplied by insurers or Paragon does not relieve or reduce your responsibility to disclose all material information in a clear and accurate manner. If you do not supply such material information insurers may be able to avoid all coverage and not necessarily restricted to the subject of non-disclosure.

You are responsible for checking that all documentation received by you clearly reflects the insurance coverage you require. Particular attention should be made to the limits, terms & conditions, any warranties and when and how to advise claims or potential claims to insurers. Also attention should be given to any condition that requires you to undertake specified actions by a date.

You are responsible for paying the correct amount of premium and any tax by the due date especially if there is a warranty and Paragon will not be responsible for any consequence of such a failure. Paragon will not be able to pay the market unless it receives the correct amount. You must ensure that payments are made to the bank account as advised by Paragon. All premiums will be held by Paragon in a Non Statutory Trust bank account until payment is due to insurers, or clients if return of premium or claims monies, and any interest earned from monies held on account will be payable to Paragon. Paragon may drawdown its commission before paying the premium to insurers. Paragon acts as the agent of certain insurers, including Lloyd's syndicates, in the collection and holding of insurance premiums, certain claims monies and the holding of documents.

You must advise Paragon of any subsequent change in the information given to insurers at the time the insurance inception.

If you have any doubt about your responsibilities under any insurance arranged by Paragon please immediately contact their Compliance Officer who we will be pleased to assist.

### **Paragon's Remuneration**

Paragon's remuneration will be by commission payable by insurers or an agreed fee. You are entitled to know details of the commission paid to Paragon which is applicable to your premium. Paragon will service all aspects of your insurance programme, including claims, when it accepts business on a commission basis but if another London based broker is subsequently appointed it is a condition of this IDD that such an appointed broker must then take full responsibility for all servicing of your insurance programme, including claims, from the date of their appointment with no return of commission from Paragon. If Paragon's appointment is terminated and no London based broker is appointed in its place and you request Paragon to continue to manage and negotiate existing claims then Paragon reserves its right to charge a fee for such work. Paragon's commission is fully earned as at the inception date of insurance placements. If Paragon accepts your business for an agreed fee, the fee will be for an agreed period of time (usually the period of the policy) and this includes the negotiation and management of claims. Paragon's fee is fully earned at inception of the policy or fee agreement whichever is first.

### **Payments to Paragon**

Paragon never accepts payments for premium or its services in cash, or by private/personal credit cards. Paragon will only accept transfers of monies from, or cheques with accounts with, reputable and internationally known banks. If you use a premium finance company to pay your premium this must be advised to Paragon as it is not able to accept payment other than from the insured unless previously agreed and documented by you and Paragon.

### **Complaints**

Paragon aims to provide the highest standard of service to all its clients. If at any time you wish to make an enquiry or make a complaint, either in writing or verbally, in connection with any matter concerning the service you have received from Paragon, or any other business matter involving Paragon, please address such matters to Paragon's Compliance Officer. Paragon's address and telephone is shown in this document. He/she will acknowledge your enquiry or complaint, usually within five working days, and will immediately undertake an independent review and will write to you accordingly. Paragon's complaints procedure is compliant with the requirements of the FSA. Certain insureds may be entitled to refer their complaint to the Financial Ombudsman Service (FOS). Full information can be obtained from their website which is [www.fos.org.uk](http://www.fos.org.uk) or the FSA.

### **Entire Agreement**

This document, along with any Addendums attached hereto, is the entire agreement between Paragon and the client. Any changes, amendments or additions are only valid when attached hereto and signed by the respective signatories hereon.

### **Governing Law and Jurisdiction**

The construction and validity of this agreement shall be governed by the laws of the country shown below

### **Country**

England.



**PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER**

A large, empty rectangular box with a light blue border, intended for recording answers to questions. The box is centered on the page and occupies most of the available space below the instruction text.