



125
YEARS
LEADING
THE WAY



CORPORATE
INDEMNITY
SOLUTION

Application Form

COMPANY DETAILS (entity to be insured – company or LLP)

1	Name of company	
2	Company number	
3	Trading name (if different to 1.)	
4	Length of time trading <i>include previous corporate/business names and reasons for changes on page 9</i>	
5	Main address where company will be operating <i>if more than one site please list separately on page 9</i>	

PRIMARY CONTACT DETAILS

6	Title & first name		Last name	
7	Job title			
8	Phone number		Mobile number	
9	Email address			
10	Primary correspondence address <i>if different from main address in 5</i>			

BUSINESS PROFILE

- 11 Describe broadly the type of services currently offered by the Company and state the basis of any *contract* held with a PCT or other commissioning body (e.g. Essential services under the General Medical Services contract) and any changes expected in the next year. (This will form the basis of the practice professional services described on the insurance schedule.)

- 12 Gross income (please be aware you may be required to provide copy accounts)

Last financial year actual	
Current financial year (estimate)	
Next financial year (estimate)	

- 13 Details of the previous professional indemnity cover for this company

Indemnity provider		Renewal date	
Indemnity cover		Excess/deductible	

ALLIED PROFESSIONAL & NON CLINICAL STAFF

- 17** Please list the number of clinical staff, other than medical/dental practitioners, working in or for the Company and provide the requested additional information (e.g. *practice/staff nurses, health care assistants, practice managers, receptionists, dispensers, counsellors, chiropodists, nurse practitioners, physiotherapists, sonographers, radiographers etc*). If more please record on page 9.

Job type	Number of staff	Employment status (employee; locum; contractor)	Number of sessions per week (or full time equivalent)	Do staff have their own clinical indemnity arrangements?	Does each staff member have full registration with the NMC, HPC or other statutory regulatory body? (Yes; No; Not Applicable - N/A)
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

- 18** Agency / temporary allied professional & non clinical staff

<p>(a) How many sessions per week will be undertaken by agency or temporary clinical or non clinical staff, other than medical/dental practitioners? <i>Please note temporary staff working for longer than 1 month should be included in 17 above</i></p>	
<p>(b) In respect of agency/temporary staff do you provide in every case</p> <ul style="list-style-type: none"> • An induction programme • An induction handbook 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(c) Does the Company have formal procedures for ensuring that clinical staff, other than medical/dental practitioners, are provided with</p> <ul style="list-style-type: none"> • Training • Supervision as appropriate • Continuing education (except temporary staff) • Appraisal/assessment (except temporary staff) • A confidentiality clause included in their contract/terms of service 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>(d) Does the Company have formal procedures for ensuring that non clinical staff are provided with</p> <ul style="list-style-type: none"> • Training • Supervision as appropriate • A confidentiality clause included in their contract/terms of service 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

PROFESSIONAL SERVICES

- 19 Does the company provide any of the following services? If so please state how many per month and who performs this work (name and grade).

Service		Name and grade of practitioner/s		Number per month (est.)
E-consultations	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Remote prescribing	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Slimming clinics	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bariatric surgery or procedures	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Refractive eye surgery/LASIK	Yes <input type="checkbox"/> No <input type="checkbox"/>			
General anaesthesia or intra-venous sedation	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Obstetric care or pre-natal diagnosis	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Care of professional sports persons	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Cosmetic surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Alternative medicine <i>List treatments*</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Treatments	Practitioner	
		1		
		2		
		3		
		4		
Aesthetic (cosmetic) medicine <i>List treatments*</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1		
		2		
		3		
		4		
Minor surgery <i>List treatments undertaken by staff other than doctors/dentists*</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1		
		2		
		3		
		4		

*If more, please include details on page 9

PATIENTS

20	Number of patients listed with the company or anticipated number of patients that will be seen per year	
21	Please indicate who the service is for and indicate the relative percentage of all work undertaken. <ul style="list-style-type: none"> • NHS patients • Private patients 	(%) (%)
22	How are patients referred?	
	(a) Do you have in place formal arrangements for follow-up where necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	(b) Do you have in place formal arrangements for communicating with the patient's registered GP in respect of each assessment or treatment episode?	Yes <input type="checkbox"/> No <input type="checkbox"/>

QUALITY CONTROL / RISK MANAGEMENT

23 Does the company adopt the following quality controls and risk management procedures

(a) Are patients provided with written material routinely as part of the consent procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Are patients consented by the practitioner who will be undertaking the procedure in every case?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Are there protocols in place for the management of standard, frequently encountered conditions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Is there a system of ongoing audit to ensure compliance with protocols?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Is there a formal complaints procedure?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(f) Is there a system for the reporting and investigation of adverse/significant events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(g) Is there a Health and Safety policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(h) Is there periodical Health and Safety training for staff (eg manual handling)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(i) Is there a protocol to ensure that good quality, contemporaneous medical records are made after all clinical contacts with patients (including telephone contacts)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

24 Independent risk assessment

(a) Has the company had a risk assessment carried out by an independent organisation within the last three years? <i>If yes please indicate by whom on page 9.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Has the company been subject to a review by a PCT, the Care Quality Commission, or other body? <i>If yes please indicate by whom and give details of the outcome on page 9.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Are you required to register with the Care Quality Commission (England) or equivalent in Wales, Scotland and N. Ireland? <i>If yes, please provide details.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> • Body • Registration number • Registration date 	

25 Clinical equipment

<p>(a) Are there procedures in place for the checking and maintenance of clinical equipment or devices owned by the company?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>(b) Is leased clinical equipment or devices regularly checked and maintained by the supplier?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CLAIMS / COMPLAINTS HISTORY

If answering Yes to any of the questions in this section please provide full details on page 9

<p>26 Has the company or any employee or contractor of the company, been the subject of a complaint related to the provision of clinical services within the past 10 years? <i>If yes, please provide names, dates and details of incidents.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>27 Has the company or any employee or contractor of the company had a claim within the past 10 years? <i>If yes, please provide names, dates and details of incidents.</i></p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>28 For individuals identified in sections 14 or 17, after enquiry, please answer the following questions to the best of your knowledge.</p>		
<p>(a) Have any of the persons named in 14 or 17 (or page 9, where applicable) been charged with any criminal act, including receiving a formal police caution?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>(b) Are you aware of incidents that may lead to a claim involving any of the persons named in 14 or 17 (or page 9, where applicable) or the Company?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>(c) Has the Company or any of the persons named in 14 or 17 ever had professional indemnity insurance or medical defence organisation membership declined, cancelled or not renewed or special terms imposed?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>29 Are you aware of circumstances that could lead to an investigation or suspension, in respect of any employee/contractor or relating to the Company generally?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>30 Are you aware of any circumstances that could lead to the Company being prevented from carrying on its business?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>31 Are there or have there been any insolvency proceedings involving the Company including winding up proceedings, receivership or administration?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>32 Are there any other facts or circumstances that may be relevant to consideration of the application?</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COVER REQUIRED

<p>33</p>	<p>Please indicate the limit of indemnity you require under the corporate policy (1st figure is per claim; 2nd is annual aggregate)</p>	<p><input type="checkbox"/> £1 million / £1 million</p> <p><input type="checkbox"/> £2 million / £2 million</p> <p><input type="checkbox"/> £2 million / £4 million</p> <p><input type="checkbox"/> £3 million / £3 million</p> <p><input type="checkbox"/> £5 million / £5 million</p> <p><input type="checkbox"/> other please specify</p>
<p>34</p>	<p>When is cover to start? <i>Note: see question 4 for length of time trading</i></p>	
<p>35</p>	<p>Is cover needed for incidents occurring prior to the policy start date?</p> <p>If yes, please specify from what date? <i>Note: cover will not be available in respect of incidents recorded or should have been recorded in reply to question 28b</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>36</p>	<p>Is the company contractually obliged (by a PCT or other body) to carry corporate professional indemnity cover? <i>If yes, please attach a copy of the insurance requirements section of your contract.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>37</p>	<p>Does the company require indemnity to be extended under this policy to cover legal expenses incurred for individual directors, who are doctors or dentists, but not otherwise indemnified, having to attend GMC/GDC enquiries into the fitness to practice in relation to their involvement in the company's affairs?</p> <p><i>If yes, please record the names of these individuals to receive the benefit on page 9.</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>



Additional information (please continue on the following page if necessary):



DECLARATION AND AGREEMENT

We hereby apply for membership of The Medical Defence Union Limited (the MDU), in accordance with its Memorandum and Articles of Association, and apply to SCOR UK Company Limited (SCOR) and International Insurance Company of Hannover Limited (Inter-Hannover) for professional indemnity insurance.

We understand and acknowledge that

- professional indemnity insurance cover is provided by a policy underwritten by SCOR and Inter-Hannover, subject to the terms and conditions of the policy;
- other benefits of membership of the MDU are discretionary and are subject to its Memorandum and Articles of Association;
- with the exception of Good Samaritan acts, the benefits of membership do not extend to any practice undertaken in the USA or Canada or any litigation which may arise in these countries or in the territories and principal island groups under their sovereignty. Restrictions also apply for other countries;
- we must notify MDU Services Limited (MDUSL) in writing of any change in address or any other circumstance which may be relevant to membership;
- a condition of membership of the MDU is that any misrepresentation or misstatement in, or omission of, any information which is likely to influence the acceptance or assessment of this application, whether intentional or not, is cause for immediate rejection of this application or termination of membership and that in such circumstances all benefits of membership of the MDU may be withdrawn or denied;
- non-disclosure or misrepresentation of any material fact in this proposal for professional indemnity insurance by SCOR and Inter-Hannover will entitle SCOR and Inter-Hannover to avoid the insurance and that if we are in any doubt as to whether a fact is material or not, we must disclose it. A "material fact" is one likely to influence acceptance or assessment of this proposal for professional indemnity insurance by SCOR and Inter-Hannover;
- the professional indemnity insurance provided by SCOR and Inter-Hannover will not commence until our application for membership of the MDU has been accepted;
- if we are reviewed by or any action is taken against us by a PCT or the Care Quality Commission, or we suffer loss of registration or any other action by a regulatory, government or legal authority, this must be notified to MDUSL immediately as membership or the validity of the policy may be affected.

We declare that

- to the best of our knowledge and belief the information provided in connection with this application is true and we have not withheld any material facts;
- we accept the professional indemnity insurance underwritten by SCOR and Inter-Hannover subject to the terms and conditions of the policy.

We authorise and request

- our current and former medical defence organisation, insurance company or indemnity provider to release to MDUSL information regarding our membership or our insurance or indemnity contract, complaints of a medico-legal nature, claims or actions for damages or compensation, past or present, during our period of membership and/or indemnity, whether or not there has been a final resolution and we consent to the disclosure of such information to the MDUSL, SCOR and Inter-Hannover.

Data Protection

Note: The MDU's Privacy Policy, which can be sent to you upon request and is available on the MDU website at the-mdu.com/privacy, sets out:

- that the MDU, MDUSL and other Permitted Users will keep and use personal information which you supply regarding your members, officers, partners, employees and contractors;
- the purposes for which such personal information will be used.

Please ensure that all such individuals are made aware that their information is being provided to the MDU/MDUSL, and that the MDU/MDUSL may contact such individuals to obtain their consent to the processing of their personal information in accordance with the above.

Communications

We agree to:

- having access to the MDU's Annual Accounts, Directors' Report and Auditors' Report, and any other documents or information sent or supplied by the MDU, on the MDU website at the-mdu.com;
- notice of general meetings of the MDU being given to us by access on the MDU website, together with details of any proxy appointment deadlines;
- being notified by electronic mail of the publication or availability of notice of general meetings, or any other documents or information sent or supplied by the MDU, on the MDU website, the address of the website, the place on the website where the documents or information may be accessed and how the documents or information may be accessed;
- being sent or supplied by the MDU with notice of general meetings or any documents or information, by electronic mail;
- notify MDUSL of our email address, which may be used for sending electronic mail for the above purposes. Any email address given by us elsewhere on this form is the relevant email address for this purpose, until we notify any change. We understand that if the MDU does not have our email address, we will receive notification by post instead of electronically;
- notify MDUSL of changes in our email address.

continued overleaf...

Further information on electronic communication and statutory information, including any system requirements, is available at the-mdu.com.
If you wish to receive statutory communications by post instead of electronically, please tick here

Signed by a duly authorised director (company), or designated member (limited liability partnership).

NAME OF COMPANY/LIMITED LIABILITY PARTNERSHIP

SIGNATURE DATE



Corporate indemnity policy is underwritten by SCOR UK Company Limited and International Insurance Company of Hannover (Limited). SCOR UK Company Limited is authorised and regulated by the Financial Services Authority (FSA) (reference number 202333) and is a member of the Association of British Insurers (ABI). Registered Office: 10 Lime Street, London, EC3M 7AA. Registered in England No. 01334736

International Insurance Company of Hannover Limited is authorised and regulated by the FSA (reference number 202640) and is a member of the ABI. Registered Office: 1 Arlington Square, Bracknell, Berkshire, RG12 1WA. Registered in England No: 1453123



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