

MEDICAL ESTABLISHMENT MEDICAL PROFESSIONAL LIABILITY

BROKER / INSURANCE AGENT

(Hospitals, Clinics, Nursing Homes etc...)

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE REFER TO YOUR BROKER/INSURANCE AGENT.

PLEASE NOTE This Proposal 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.

- This Proposal Form must be typed, or completed in ink and signed and dated by the Proposer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Where more than one location or establishment is to be included in the quotation, please complete a separate proposal form for each location or establishment.
- Please submit, with the Proposal, all relevant information including Financial Report and Accounts, Brochures, Consent Forms etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and question number.
- It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal.
- Upon acceptance of the Underwriters' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Insured.

Copies of the Proposal Forms should be retained for your own records.



1. i) Full name of the Insured:
- ii) Trading name if different from above:
- iii) How long has the establishment been trading under the above name?

2. Have you ever engaged in a similar activity under a different name?
 YES NO

If 'YES' please see Question 6 and provide full details in the same numerical order on a separate sheet.

3. i) Trading address:

 Postal Code: _____ Country: _____
 Telephone Number: _____
 Facsimile Number: _____

- ii) Registered Office (if different from above):

 Postal Code: _____ Country: _____
 Telephone Number: _____
 Facsimile Number: _____

NB: If cover is required for additional locations, a separate proposal form for each must be completed.

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

Notice to Proposers resident in the EU

The parties completing this Contract are free to choose the law applicable to this Contract. However, unless it is specifically agreed to the contrary, the Contract shall be subject to the law of the Country stipulated in the applicable EC Insurances pre-contractually required in accordance with the Third EU Non-Life Directive.

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