

General Practitioner Medical Malpractice Addendum



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Medical & Commercial International is a Division of Castel Underwriting Agencies Limited, located on 4th Floor, 33 Gracechurch Street, London EC3V 0BT. Authorised and regulated by the Financial Conduct Authority.

Section 1 - Clinical Activities

1.1	Are you a:		Number of session per week?	Number of locations?
	Locum	Yes / No		
	Partner	Yes / No		
	Employed	Yes / No		
1.2	Self-employed	Yes / No		
	Do you undertake any prison work?	Yes / No		
	Do you undertake any police custody work?	Yes / No		
If you have answered "Yes" to either of the above do you prescribe Methadone as part of your duties?				Yes / No
1.3	Do you provide the following services?			
	Out of hours			Yes / No
	Telephone triage			Yes / No
	If you have answered "Yes" to either of the above do you only provide this service to your own patients or those of your surgery and do you have access to the patient's records? If you answer "No" please provide details below.			Yes / No

Section 2 - General Questions

2.1	Do you employ any nurses?			Yes/No
2.2	If "yes" how many do you employ?			
2.3	Please provide the full name of each nurse that you employ and specialty (eg. Practice nurse, nurse practitioner etc...), and for whom you wish to have the right to request indemnity against clinical negligence claims through your own medical indemnity insurance.			
		Forename(s)	Surname	Specialty
	1			
	2			
	3			
	4			
	5			
<p>Please note: Any nurses indemnified under your medical indemnity insurance are only covered for their medical negligence. With the number of complaints and GDC investigations involving dental nurses and dental technicians on the rise it is recommend that dental nurses and dental technicians have their own appropriate individual cover to cover this exposure.</p>				

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto).

I/We acknowledge that any deductible applied to my/our insurance policy is inclusive of all legal costs and I/we are financially responsible for paying this amount.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director: _____

Date: _____

Print Name: _____

Position: _____