



Medical &  
Commercial  
International

# IVF Addendum



Tel: +44 (0)20 3023 3210 Website: [www.mciuw.com](http://www.mciuw.com)

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

**Section 1 - Clinical Activities**

1.1	Number of patients receiving assisted fertility treatments per annum						
1.2	How many IVF/ICSI cycles do you perform per annum						
1.3	How many IUI cycles do you perform per annum						
1.4	What are the maximum number of eggs/embryos transferred per cycle						
1.5	What is the maximum age you will treat						
1.6	What is the use of SET, DET, TET or above as a % of all cycles split by age						
	Age split	<30	31-35	36-39	>40		
	SET						
	DET						
	TET						
	Greater than TET						
1.7	Number of live births per annum, last 5 years						
		last year	2 years ago	3 years ago	4 years ago	5years ago	
	a. For IVF/ICSI						
	b. For IUI						
1.8	Number of multiple births per annum for IVF/ICSI, last 5 years						
		last year	2 years ago	3 years ago	4 years ago	5years ago	
	a. singlet births						
	b. twins						
	c. triple and above						
1.9	Number of hospital admissions from OHSS per annum, last 5 years						
		last year	2 years ago	3 years ago	4 years ago	5years ago	
	a. Is there a documented escalation and admission process					Yes / No	
1.10	How many PGS/PGD performed per annum						
	a. Is this service outsourced					Yes / No	
	i. If Yes						
1.11			Do you audit them			Yes / No	
1.12			How many incidence of mis-diagnosis/failure to diagnose have they had in the last 5 years				
1.13			Do they have their own indemnity			Yes / No	
1.14			If "yes" what limit do you require them to carry				
	b. How many errors/mis-diagnosis/failure to diagnose have occurred over the last 5 years						
	c. Before frozen embryos are used is PGS/PGD performed again with state of the art techniques					Yes / No	
1.15	Do you have a system in place from sample tracking						Yes / No
	a. If yes are the following in place						
	i. Use of different labels/vial shapes for each process					Yes / No	
	ii. A witness signoff procedure					Yes / No	
	iii. Double checking of ID of patient at each stage to confirm identity					Yes / No	
	iv. A robust tracking and logging system for all samples					Yes / No	
1.16	(for UK only) How many grade A, B, C near misses have you had per year for last 5 years						
	i. Grade A						
	ii. Grade B						
	iii. Grade C						

1.17	How many incidence of implanting samples from the wrong donor have occurred in the last 5 years					
		last year	2 years ago	3 years ago	4 years ago	5years ago
	a. If greater than zero what steps have you taken to mitigate this?					
1.18	Once pregnancy has been confirmed is the patient referred back to their obstetrician					Yes / No
1.19	Do you perform pre-natal scanning					Yes / No
		a. Is this just for confirmation of pregnancy, simple dating scans only				Yes / No
		b. If "No" do you perform pre-natal diagnosis. Provide details below				Yes / No
	c. Up to how many weeks do you perform pre-natal scanning					

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

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

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: \_\_\_\_\_