

Professional Indemnity Insurance Proposal Form for General Medical Practitioners Medisec Master Policy Arrangement

Personal Details

1. Name: _____

2. Correspondence address: _____

3. Telephone number: _____
4. Mobile number: _____
5. Fax number: _____
6. Email: _____
7. Date of birth: ____/____/____
8. Year of graduation: _____
9. College of graduation: _____
Address of college: _____
10. Qualifications: _____

11. Name and address of hospital(s) _____
where Internship was served: _____
12. Date of internship: From: ____/____/____ To: ____/____/____
13. Date of full registration: ____/____/____
14. How many years have you been in practice as a General Practitioner? ____
In respect of your General Practice work, please provide details of such work in the past 5 years.
Name of Practice / Facility: _____
From: ____/____/____ To: ____/____/____
Name of Practice / Facility: _____
From: ____/____/____ To: ____/____/____
15. Are you a member of the Irish College of General Practitioners? Yes No
If you are a member of any other professional body please specify:

16. a) Are you registered with the Irish Medical Council? Yes No
If 'Yes', please state Irish Medical Council Registration number _____
- b) Are you on the General Register Yes No
- c) Are you on the Specialist Register Yes No
If 'Yes', please state under what Specialty and Division you are registered
Specialty _____
Division _____
If your Specialty is General Practice, please state from which GP Training Scheme you qualified

- d) Have you ever had your Medical Council Registration suspended or made conditional in Ireland or any other country? Yes No
If 'yes' please give details in the Comments section on page 3.

17. Do you hold a Certificate of Specific Training / Acquired Rights ("CSTAR ")
in General Medical Practice EU Directive 93/16/EEC? Yes No
18. Have you ever (a) been required to participate or have you volunteered to participate in a drug or
alcohol rehabilitation programme in Ireland or any other country? Yes No
- (b) been the subject of or convicted of any criminal offence, professional disciplinary
proceedings or inquiries in Ireland or any other country? Yes No
- If 'yes' please give details in the Comments section on page 3.

Services Details

19. a) Nature of Practice: Individual Partnership Locum Other
If you ticked 'Other', please give details in the Comments section on page 3.
- b) If you ticked 'Locum' box, please confirm locum work is carried out in the Republic of Ireland only. Yes No
- c) Do you undertake any paid employment other than as a GP? Yes No
- If you ticked 'Yes', please give details in the Comments Section on page 3.

20. Address of Practice:

21. In respect of the employment of practice nurses, please supply the following information:

- a) Is the practice nurse employed directly by you (and not the Practice or Entity) Yes No
- b) Does the practice nurse work exclusively for you? Yes No

If yes, please supply the following practice nurse information:

Name(s):

Qualifications:

Date of Registration: / / P.I.N: Length of service with you:

22. Do you perform surgery other than incisions of boils and superficial abscesses, removal of ingrown toenails,
cryotherapy or suturing of skin or superficial fascia? Yes No
23. Do you provide services at or to any hospital or nursing home? Yes No
24. Do you, apart from house calls, provide services away from your surgery, e.g. at any factory, school, sports club etc.? Yes No
25. Do you perform acupuncture? Yes No
26. Do you provide occupational health service or advice? Yes No
- * 27. Do you carry out domiciliary deliveries? Yes No
- * 28. Do you perform laser or cosmetic surgery and/or treatment including botox treatment? Yes No
29. Do you perform vasectomies? Yes No
- * 30. Do you practice and prescribe alternative medicine? Yes No

*** Please note that these activities are not covered by the Policy**

If you have answered Yes to any of the questions (22-30), please provide full details in the Comments section on page 3 or on a separate sheet of paper.

Policy Details

31. In respect of any of the risks to which this Proposal relates, has any claim been made against you within the past 5 years or are you aware of any complaint or circumstance that may give rise to a claim? Yes No

If 'Yes', please give details in the 'comments' section below or on a separate sheet of paper of all claims and any circumstance of which you are aware that may give rise to claim.

If 'Yes', have all such incidents been reported to your previous insurers/defence bodies? Yes No

If 'Yes', have your previous insurers/defence bodies accepted all such incidents? Yes No

32. On what basis are you currently insured: Losses occurring Claims Made
Name of your current insurer / defence body: _____

33. If Claims Made, what is the Retroactive Date shown on policy? ____/____/____
The Retroactive Date signifies the date when you first took out a Claims Made insurance policy. Your Allianz policy, subject to policy terms and conditions, will only cover claims made during the "in force" period of cover for events that occurred after the Retroactive Date. It is therefore very important that you do not have gaps in your coverage, i.e., there must always be a Claims Made insurance policy in force.

34. Since the Retroactive Date are there any periods for which you have not held insurance? Yes No
If 'Yes', please specify: _____

35. When did your existing cover commence? ____/____/____

36. When do you want the proposed cover to commence? ____/____/____

37. Please indicate the number of weekly sessions undertaken by you, for which you require indemnity. (A session is defined as clinic/period of 4 hours or less)

- Full Time GP – 7 sessions or more per week or over 24 hours per week is considered full time regardless of the number of Sessions
- 5-6 sessions (approx. 20-24 hours)
- 3-4 sessions (approx. 10-19 hours)
- 1-2 sessions (less than 10 hours)

38. Have you ever had an application for Professional Indemnity cancelled, withdrawn, declined or made subject to special terms? Yes No
If 'yes' please give details in the Comments Section below.

Comments

Material Facts Declaration – Continuing Obligation

You agree that the information supplied by you, or by a relevant party on your behalf is, to the best of your knowledge, true and complete and that no material fact has been misrepresented or withheld by you.

You acknowledge that failure to disclose all material information may result in the voidance or cancellation of your policy, a claim not being paid or partly paid, you encountering difficulty obtaining insurance elsewhere or, in the case of property insurance, you breaching the terms and conditions of any loan on the property.

Material information is that which Allianz would regard as likely to influence its assessment or acceptance of this insurance. You have a continuing obligation to immediately disclose to Allianz any information that may affect this insurance or increase the risk of loss or damage or injury to others. You agree that if you are in any doubt you will disclose it to us.

Please note that this document, in conjunction with any other information supplied by you or on your behalf will form the basis of your contract with Allianz. If any answer has been provided by a person other than you, you agree that such person shall be your agent and not an agent of Allianz

Please read this document carefully and check that all the details in it are accurate. If any information is inaccurate or incomplete you must notify Allianz or your insurance intermediary immediately.

Data Protection – How we use your information

YOUR CONSENT By providing your information, you consent(ed) to the use of your information as outlined below. This includes specific / explicit consent for sensitive information such as medical or conviction details.

USE AND DISCLOSURE Allianz and your insurance intermediary (where applicable) will use your personal information, including sensitive data, for insurance administration purposes such as providing a quotation, underwriting a policy and handling a claim. We may use and share your personal data to check information provided, and to prevent fraud. These checks may be carried out at any stage, including quotation, mid-term, renewal and claims stage.

We may share your details with or seek information from a number of external parties such as:

- your Intermediary and anyone authorised by you to act on your behalf,
- other insurance companies,
- publicly available information,
- the Insurance Link Anti-Fraud register (for more info see www.inslink.ie),
- the Integrated Information Data System ('IIDS') to verify information including penalty points and No Claims Discount (NCD),
- Loss Adjusters, repairers and other claims handling agents, medical practitioners,
- the Motor Insurers' Bureau of Ireland (MIBI),
- Private Investigators when we need to further investigate certain claims,
- other fraud prevention and ID verification databases available in the insurance industry.

We may also use and share your information for customer satisfaction surveys, statistical analysis and similar purposes.

Personal data may be transferred outside the European Economic Area (EEA) for payment card administration, subject to and in accordance with Data Protection Laws and using appropriate security measures.

REPRESENTATION If you provide information about someone else, such as an additional insured, you must have obtained this person's consent and have made them aware of the terms of this insurance. For motor insurance, you must also have obtained the additional insured's consent to allow us to verify their information via the IIDS.

UP-TO-DATE INFORMATION In order for us to keep your information up to date, please contact Allianz or your insurance intermediary if any of your details change.

ACCESS You have the right to request a copy of your personal data held by Allianz and your insurance intermediary (where applicable). This will be subject to payment of an appropriate fee.

RETENTION We will retain your personal information in line with our Record Management Policy.

CALL RECORDING Calls may be recorded or monitored for regulatory, training and quality purposes.

Signature of Proposer:  _____

Date: / /

Title: _____

Allianz p.l.c.,
Allianz House,
Elmpark,
Merrion Road,
Dublin 4.

Telephone: (01) 613 3000 (calls may be recorded)
Fax: (01) 613 4444
Email: info@allianz.ie
Website: www.allianz.ie

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