

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

## Personal Details

1. Name: \_\_\_\_\_  
 \_\_\_\_\_

2. Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Are you permanently resident in the Republic of Ireland? Yes  No

4. Telephone number: \_\_\_\_\_

5. Mobile 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 3 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 \_\_\_\_\_  
 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  
 \_\_\_\_\_

If not registered, have you received a Certificate of Eligibility from the Medical Council? Yes  No

b) 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 Additional Information section on pages 3 & 4.

17. 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 (other than spent convictions), professional disciplinary proceedings or inquiries in Ireland or any other country? Yes  No

If 'yes' please give details in the Additional Information on pages 3 & 4.

## Services Details

18. a) Nature of Practice: Individual  Partnership  Locum  Other

If you ticked 'Other', please give details in the Additional Information section on page 3 & 4.

If you ticked the 'Locum' box, please provide details of all practices where you worked in the last 3 years – you can use the Additional Information section on pages 3 & 4.

- b) Do you undertake any paid employment other than as a GP? Yes  No

If you ticked 'Yes', please give details in the Additional Information section on pages 3 & 4.

19. Address of Practice:

20. 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:

21. Do you provide consultations via video or any similar platform? Yes  No

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 perform vasectomies? Yes  No

- \*28. a) Do you carry out home births? Yes  No

- b) Do you provide ante or post natal services to patients opting for a home birth? Yes  No

- \*29. Do you perform laser or cosmetic surgery and/or treatment including botox treatment? Yes  No

- \*30. Do you practise 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 (21-30), please provide full details in the Additional Information section on pages 3 & 4 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 Additional Information section on pages 3 & 4 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. What is the average number of patients you see in a day? \_\_\_\_\_

38. 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)

39. 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 Additional Information section on pages 3 & 4.

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## Additional Information

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## Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

### How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data for *the performance of the contract or to take steps prior to entering into the contract of insurance*. The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
  - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
  - the Insurance Link Anti-Fraud register (for more info see [www.inslink.ie](http://www.inslink.ie)) to prevent and detect fraud,
  - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
  - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
  - private investigators when we need to further investigate certain claims,
  - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
  - other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
  - An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
  - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
  - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

### Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

### How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

**Your rights in relation to your personal information**

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

**Automated decision making**

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

**Up to date information**

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

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**Material Facts Declaration – Continuing Obligation**

**Please read carefully the following statement prior to signing where indicated.**

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 avoidance 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.

Signature of Proposer **X** \_\_\_\_\_

Name: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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Allianz p.l.c. is regulated by the Central Bank of Ireland. Registered in Ireland No. 143108  
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