

GP Registrar Application Form

Disclosure

Thank you for your interest in an insurance policy arranged through Medisec Ireland CLG, underwritten by MedPro.¹ Please read the following information before proceeding with your proposal.

1. DISCLOSURE

You must provide complete and accurate answers (acting honestly and with reasonable care) to the questions we ask you when you purchase a policy for the first time, make changes to your policy, or renew your policy.

Insurance is based on the information that you give to the insurer and if this information is wrong or incomplete, there may be adverse consequences: claims may not be paid in full or at all, your policy may have special terms imposed or be cancelled, your policy may be voided, and the premium paid may not be returned. If you are in doubt, please seek independent advice or contact us for clarification.

You must provide us with a “fair presentation” of the risk. This is one:

1. which discloses every “material circumstance” which you know, or ought to know, or which puts the insurers on notice that it needs to make further enquiries for the purpose of revealing those material circumstances, and
2. in which every material representation as to a matter of fact is substantially correct, and every material representation as to a matter of expectation or belief is made honestly and with reasonable care.

A “material circumstance” is one which would influence the judgment of a “prudent insurer” in fixing the premium or determining whether to cover the risk.

You must answer all questions posed by the insurer honestly and with reasonable care. You must (acting honestly and with reasonable care) make this disclosure in a manner which would be reasonably clear and accessible to a “prudent insurer”.

Once the policy has come into effect, the policy itself contains specific terms requiring you to notify us in a timely fashion regarding any claims or potential claims. Once the policy has come into effect, you must cooperate with the insurer in the investigation of insured events, including by responding to reasonable requests for information in an honest and reasonably careful manner. Additionally, if, after a claim has been made under a policy, you become aware of information (including information that would otherwise be subject to privilege) that would either support or, as the case may be, would prejudice the validity of your claim, you shall be under a duty to disclose such information to the insurer.

The proposal must be completed by the proposed individual and all questions must be answered.

2. YOUR DATA

We will only use your information insofar as it is necessary to administer your Medisec membership and to provide membership services, to administer your insurance contract or in connection with a claim. Please see our Privacy Notice for more information on how we handle your data.

3. FORMALITIES

Medisec Ireland CLG is regulated by the Central Bank of Ireland (216570) and is an appointed representative of Berkshire Hathaway European Insurance Company DAC, which is authorised and regulated by the Central Bank of Ireland (C182407)

4. ADDITIONAL DOCUMENTS

We enclose:

- C3.A3-G Medisec MedPro Brochure (General Practitioners)
- C3.A4 Medisec Terms of Business
- C3.A13 Medisec Constitution
- C3.A11 Medisec Data Protection Privacy Policy
- C3.A14 Medpro Data Privacy Notice
- C3.A5 Medpro Terms of Business
- C3.A7 IPID GP OCC
- C3.A6 GP OCC Policy (Sample)

5. CONFIRMATION

I confirm that I have read and understood this notice.

[1] Insurance products are underwritten by Berkshire Hathaway European Insurance DAC trading as MedPro. Berkshire Hathaway European Insurance DAC is a Private Company Limited by shares, non-life insurance company, with registered office 1 Grant's Row, Dublin D02 HX96, Ireland and regulated by the Central Bank of Ireland, Company Registration No. 636883; VAT No. 3583603. All coverage subject to business approval.

Contact Details

The details given will be used to make contact with you. All queries and documentation relating to your application/policy will be sent to the email address provided and this includes a copy of your application form containing your personal information.

Title

First Name

Surname

Any other name(s) previously used?

Yes No

Telephone Number

Mobile Number

Correspondence Email

If different from your username

Correspondence Address

(1) Please note that correspondence relating to your application/policy may be sent to the address provided.

Personal Details

Date of birth

Place of Birth

Gender

Are you a permanent resident of the Republic of Ireland?

Yes

No

Confirmation of Medisec Membership

I wish to apply to be a member of Medisec Ireland CLG (Medisec).

I confirm that I am a: Medical Practitioner registered on the General Register of the Medical Council of Ireland and registered in an accredited GP Training Scheme.

Academic & Professional Details



Year of graduation

College of graduation (Name)

College of graduation (Address)

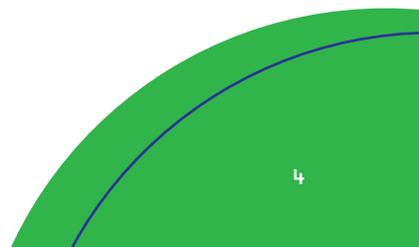
Qualifications

Internship Hospital

Internship Address/Details

Internship start date

Internship end date



Academic & Professional Details



Under what name do you practise medicine?

Are you registered with the Irish Medical Council?

Yes No

Irish Medical Council registration number

Registration date

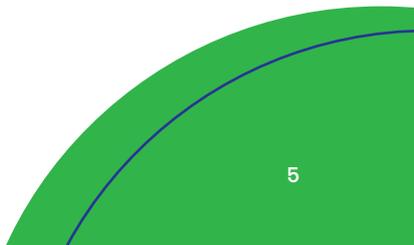
Are you registered with Irish College of General Practitioners
for continuing professional development?

Yes No

Any professional bodies of which you are a member

Please indicate your anticipated qualification date from
a GP Training Scheme

Please confirm the requested inception / start date for cover



General Questions

Has your registration or license to practice ever been refused, denied, revoked, suspended, restricted, subject to a reprimand, placed on probation, voluntarily surrendered, or subject to an investigation by the relevant registration or licensing body in any jurisdiction?

Yes No

Have you ever been subject to any form of disciplinary action, suspended from practice or terminated by the HSE, any employer, or medical facility?

Yes No

Has any Insurance Indemnity provider or Medical Defence Organisation ever declined to insure you, declined to offer you membership, terminated or refused to renew your insurance or membership, or imposed special terms on your insurance or membership?

Yes No

Other than minor traffic offences, have you ever been convicted of a criminal offence?

Yes No

Have you ever incurred or become aware of having a condition (excluding the results of any genetic testing or screening) that impairs or may impair your ability to practise your medical specialty? (i.e. any physical, neurological or psychiatric disorders or illness, addiction of alcohol, narcotics or other controlled substances, etc.)

Yes No

Additional Information

Please provide any additional information you believe will be relevant to your application

Declaration

I declare that the statements and particulars contained in the proposal are true and that I have not mis-stated or suppressed any material facts. I 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 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), upon which this proposal form was used as the basis of the contract of insurance. Signing this proposal does not bind the proposer to complete this insurance.

Signature

Date
