

CNA / HARDY

Healthcare Professional Application

**Healthcare Facilities
Proposal Form**

Specialist Insurance Solutions

URGENCE

Emergency

A & E



This Proposal form and all materials submitted shall be held in confidence.

All questions must be fully answered and all requested information and/or required attachments submitted to enable a quotation or indication to be given. However, the completion and submission of this form does not bind the applicant or underwriters to enter into any contract of insurance.

If a question does not apply, please write "N/A". If the answer is none, state "none" or "0". If more space is needed, please continue on a separate sheet of the applicant's letterhead and indicate the question number to which the information responds. This Proposal form and any separate continuation sheets must be completed, signed and dated by a principal of the business.

It is your duty to disclose to underwriters all facts material to the proposed insurance. Failure to do so could prejudice your rights to recover in the event of a claim. A material fact is one likely to influence the underwriters' assessment or acceptance of the Application.

Named of Insured(s):			
Registered Office Address			
Postcode		Country	
Please provide a brief business description			
How many years has the applicant been in operation?			
Is the Applicant an accredited facility?		Yes <input type="radio"/> No <input type="radio"/>	
Accrediting Body:			
Last Year Accreditation awarded:			
Please give details of your current and previous medical malpractice insurance.			
		Current Year	Previous Year
Insurance Company			
Limits of Liability			
Deductible			
Basis of Current Insurance Cover:	<input type="radio"/> Claims Made Retroactive Date		<input type="radio"/> Occurrence
Requested Effective Date			
What 'Any One Claim' Limit of Indemnity does the applicant require?			
£2m <input type="radio"/>	£5m <input type="radio"/>	£10m <input type="radio"/>	Other (Specify)
What Aggregate Limit of Indemnity does the applicant require?			
£2m <input type="radio"/>	£5m <input type="radio"/>	£10m <input type="radio"/>	Other (Specify)

Indicate the gross revenue from applicant's facility(ies).
 (If more facilities exist, please attach a separate sheet of paper and provide the information requested below for each facility)

Gross Revenue:	Prior Year:	Current Year:	Projected:
----------------	-------------	---------------	------------

Organisation Type	<input type="radio"/> For Profit	<input type="radio"/> Not for Profit
-------------------	----------------------------------	--------------------------------------

On the following pages, please Indicate all services provided by choosing all that apply:
 This information is the basis for rating the submission. If the response includes other, provide receipts and treatments.
 Annual # of Procedures are defined as the number of patients entering the facility for health-related services per year.
 Where a service includes contacts falling into more than one of the below classifications (for example, telephone triage followed by out of hours visit), please only complete the main classification:

Type of Centres	Services Provided	Annual # of Procedures
Surgery Centres	Cardiac: Catheterisation	
	Cardiac: Other (describe)	
	Chiropractic: Other (describe)	
	Dental, Oral and Maxillofacial	
	Endoscopy / Colonoscopy	
	Gastro-Intestinal / GI Surgery	
	Gynecologic Surgery	
	Injection (Joint, Spinal, Trigger)	
	Liposuction	
	Ophthalmology: LASIK procedures	
	Ophthalmology: Other than LASIK	
	Orthopaedics	
	Plastic / Aesthetic Surgery	
	Podiatric Surgery	
	Urological Surgery	
	Weight Loss Surgery	
	Other: (please specify)	

Type of Centres	Services Provided	Annual # of Procedures
Imaging Centres	CT	
	MRI	
	PET	
	Ultrasound: Obstetric	
	Ultrasound: (non-Obstetric)	
	X-Ray	
	Other: (please specify)	

Type of Centres	Services Provided	Annual # of Procedures
Laboratories	Cytology	
	DNA / Genetic Testing	
	Endocrinology	
	Haematology	
	Paternity Testing	
	Pathology	
	Research	
	Sperm Bank	
	Toxicology	
	Other: (please specify)	

Type of Centres	Services Provided	Annual # of Procedures
Multi-disciplinary Clinics		

Type of Centres	Annual # of Procedures		
Cancer Treatment Centres			
Diagnostic Clinics			
Dialysis			
Drug & Alcohol Rehabilitation Centres			
Pharmacies			
Physical Rehabilitation			
Walk-in Clinics			
Hospices / Palliative Care - # of beds			
Nurse staff - Full time Equivalent (FTE) Nurses placed:			
Do you provide services to foreign nationals?	Yes <input type="radio"/> No <input type="radio"/>		
If yes, what percentage are U.S. Residents	%		
Supervising Doctors/Dentists/Dental/Oral Surgeons			
Specialty	Total Number of Registered Medical/Dental Practitioners	Full time Equivalent (FTE) 1 FTE = 40 hours/week	Full time Equivalent (FTE) Independent Contractor
Are there any registered medical/dental practitioners that are not members of medical/dental defense organisations and are not fully indemnified for their own malpractice nor are otherwise insured for all work undertaken on your behalf?			
Employed?		Yes <input type="radio"/>	No <input type="radio"/>
Independent Contractor?		Yes <input type="radio"/>	No <input type="radio"/>
If 'Yes', please explain.			

Have any of employed/self-employed doctors/dentists been subject of disciplinary proceedings for professional misconduct?	Yes <input type="radio"/>	No <input type="radio"/>
---	---------------------------	--------------------------

If 'Yes', please explain.

Healthcare Professionals
Please attach list of all employed and contracted healthcare professionals and their specialization.

	Total Number	FTE Employed	FTE Independent Contractor
Registered Nurse (prescriptive authority)			
Do you have nurse practitioners on site with prescriptive authority? If yes, provide the number:			

Please provide details of any new activities or developments that are likely to occur within the next 12 months (i.e. new construction projects or new clinical programs). If none, state "none".

Clinical trials: Does the applicant sponsor any clinical trials?	Yes <input type="radio"/>	No <input type="radio"/>
--	---------------------------	--------------------------

Are there any known contractual obligations where the Applicant has to provide insurance on behalf of another medical provider or hold another medical provider harmless?	Yes <input type="radio"/>	No <input type="radio"/>
---	---------------------------	--------------------------

If yes, list and state purpose:

Name	In connection with:

Does the applicant work with Professional Athletes?	Yes <input type="radio"/>	No <input type="radio"/>
---	---------------------------	--------------------------

If yes, please provide a description.

Please complete the following to the best of the Applicant's knowledge at the time of signing the Application:	
Does the applicant have a formal written Risk Management Process in place? If yes, please provide the latest report provided to the governing body, if applicable, and a brief description of the internal reporting process.	Yes <input type="radio"/> No <input type="radio"/>
Procedures for formal incident reporting are clearly documented and implemented throughout the Applicant's organisation.	Yes <input type="radio"/> No <input type="radio"/>
Is there a formal medical record (electronic or paper) retention policy or process in place?	Yes <input type="radio"/> No <input type="radio"/>
Is a patient complaint management procedure in place and appropriately reported to senior executives?	Yes <input type="radio"/> No <input type="radio"/>
Formal mechanisms are in place for selection, recruitment, orientation, and performance management of all employees and independent medical staff.	Yes <input type="radio"/> No <input type="radio"/>
Is there a formal mechanism in place for credentialing and privileging of medical staff?	Yes <input type="radio"/> No <input type="radio"/>
The Applicant is in compliance with all regulatory workplace health & safety requirements	Yes <input type="radio"/> No <input type="radio"/>
The applicant disposes of all waste in accordance with regulatory requirements	Yes <input type="radio"/> No <input type="radio"/>
The Applicant sterilises instruments in accordance with current best practices guidelines	Yes <input type="radio"/> No <input type="radio"/>
Applicant complies with manufacturer guidelines with respect to single-use products, devices or equipment	Yes <input type="radio"/> No <input type="radio"/>
Does the Applicant/Company have locations, operations or employees outside of the Applicant's domiciled country or other?	Yes <input type="radio"/> No <input type="radio"/>
If yes, please provide details:	

For each of the following questions, if you answer "Yes", please provide details on a separate sheet and attach to the application	
Has the applicant had any medical professional, or general liability claims or suits brought against it in the past 5 years?	Yes <input type="radio"/> No <input type="radio"/>
Is the applicant aware of any incident, circumstance or occurrence which may result in a claim and which has not been reported to another carrier?	Yes <input type="radio"/> No <input type="radio"/>
Has the facility/operational registration ever been suspended, revoked or voluntarily suspended?	Yes <input type="radio"/> No <input type="radio"/>
Has any insurance Insurer or Lloyd's Syndicate declined, cancelled, or refused to renew or accept any of the applicant's liability insurance?	Yes <input type="radio"/> No <input type="radio"/>
Has any company with whom the applicant has been previously affiliated, become insolvent?	Yes <input type="radio"/> No <input type="radio"/>
Has the applicant or any of its officers, administrators, or staff been sanctioned or had disciplinary actions brought against them by any professional medical society, accreditation agency, or other governmental or non-governmental oversight entity?	Yes <input type="radio"/> No <input type="radio"/>

Please enclose any lists or explanations as required in response to various questions throughout the body of the insurance Proposal. In addition, please provide copies of the following:

- Claim loss runs for the past five (5) or more years for all coverages for which you are applying, in Excel format, if available
- Sample contract reflecting applicant’s requirements for indemnification and liability insurance coverages from other parties

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties, including but not limited to fines, denial of insurance benefits, civil damages, criminal prosecution and confinement in state prison.

Completing and signing this application does not bind coverage. Coverage will not be bound, nor will a policy be issued until the applicant signifies acceptance of the Insurer’s premium quotation.

The undersigned authorised officer of the applicant knows of no other relevant facts which might affect the Company’s judgment when considering this renewal application and warrants that the statements herein are true, and it is agreed that this renewal application shall be the basis of the renewal contract and shall be deemed incorporated therein should the Insurer evidence its acceptance of this renewal application by issuance of a renewal policy. It is agreed that this renewal application shall be on file with the Insurer and that it shall be deemed to be attached to and made part of the renewal policy, if issued, as if physically attached to the renewal policy.

Signature in full	Name
Position in Company	
Date	



20 Fenchurch Street London EC3M 3BY United Kingdom
 For more information call +44 (0)20 7743 6800 or visit cnahardy.com. Follow us on

The information contained in this document does not represent a complete analysis of the topics presented and is provided for information purposes only. It is not intended as legal advice and no responsibility can be accepted by CNA Hardy for any reliance placed upon it. Legal advice should always be obtained before applying any information to the particular circumstances. Please remember that only the relevant insurance policy can provide the actual terms, coverages, amounts, conditions and exclusions for an insured. All products may not be available in all countries. CNA Hardy is a trading name of CNA Insurance Company Limited ("CICL", company registration number 950) and/or Hardy (Underwriting Agencies) Limited ("HUAL", company registration number 1264271) and/or CNA Services (UK) Limited ("CNASL", company registration number 8836589) and/or CNA Hardy International Services Limited ("CHISL", company registration number 9849484) and/or CNA Insurance Company (Europe) S.A., UK Branch ("CICE UK", company registration number FC035780). CICL, HUAL and CICE UK are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (firm reference numbers 202777, 204843 and 822283 respectively). The above entities are all registered in England with their registered office at 20 Fenchurch Street, London, EC3M 3BY. VAT number 667557779.