

**Medical Malpractice  
Fertility Clinics Insurance Proposal Form  
(UK & Channel Islands)**

**NOTE TO PERSON COMPLETING THIS FORM:** THIS PROPOSAL FORM IS AN IMPORTANT DOCUMENT AND TOGETHER WITH OTHER MATERIAL INFORMATION SUPPLIED IS BEING RELIED UPON BY UNDERWRITERS AS CONSTITUTING A FAIR PRESENTATION OF THE EXPOSURES BEING ASSESSED BY THEM. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE, CLEAR AND CORRECT.

**Please provide a copy of the PROPOSER's latest financial report and accounts with this Proposal form (or business plan financials if newly established).**

Please use additional pages where necessary to provide complete responses.

**"PROPOSER"** means the firm, practice, company or other entity proposing for this insurance, and any subsidiaries and previous firms, practices, companies or other entities requiring coverage.

This Proposal form must be completed in ink, signed and dated by the Principal, Managing Director, Senior Partner, Compliance Officer or Insurance/Risk Manager of the **PROPOSER** (or any Partner or Director who has been with the **PROPOSER** for at least 3 years). All questions must be answered and where appropriate "Not Applicable" or "N/A" specified.

All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **PROPOSER's** knowledge and belief whether or not they are the subject of a specific question herein. **Under the Insurance Act 2015, a material matter is defined as one that would "influence the judgement of a prudent insurer in determining whether to take the risk and if so, on what terms."** In addition to the information contained in the Proposal form including all supporting documentation, if the **PROPOSER** is aware of any other information which it considers may alter, influence or prejudice the Underwriter's appraisal of the risk being proposed, this information must be disclosed in conjunction with this Proposal form.

**This is a "Claims made" Insurance Proposal.**

This insurance is underwritten on a "claims made" basis, which means that if a claim is made against the **PROPOSER** then the **PROPOSER MUST** have a current policy in force. Any claims brought against the **PROPOSER** after the expiry of the policy period (or any specific extended reporting period) will **NOT** be covered.

Coverholder at **LLOYD'S**

## DATA PROTECTION SHORT FORM INFORMATION NOTICE

### Your personal information notice

#### *Who we are*

We are the specialist underwriting agency authorised to underwrite professional liability business to the Health Industry under the Lloyd's Binding Authority on behalf of **Underwriters** as detailed below. This information notice is also relevant to the **Underwriters**.

#### *The basics*

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit.

This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### *Other people's details you provide to us*

Where you provide us or your agent or broker with details about other people, you must provide this notice to them.

#### *Want more details?*

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website(s) or in other formats on request.

#### *Contacting us and your rights*

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice(s), please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details at:

#### Corvelia

Privacy notice accessible at:

<http://www.corvelia.com/privacy-policy/>

Corvelia data protection contact:

[enquiry@corvelia.com](mailto:enquiry@corvelia.com)

#### Underwriters

Arch Syndicate 2012 (managed by Arch Underwriting at Lloyd's Limited, 5<sup>th</sup> Floor, Plantation Place South, 60 Great Tower Street, London EC3R 5AZ)

Privacy notice accessible at:

<http://www.archcapgroup.com>

Arch Privacy email address / data protection contact:

[ArchDPO@archcapservices.com](mailto:ArchDPO@archcapservices.com)

### 1.

Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 957528

Registered Office: C/O PKF, 15 Westferry Circus, London E14 4HD. Operating From: St Clements House, 1<sup>st</sup> Floor, 27 Clements Lane, London EC4N 7AE.

(a) Please provide the full name of the **PROPOSER** (including all entities requiring coverage):-

(b) Date established:-

(c) Principal address:-

(d) Other operating addresses:-

(e) Website address:-

(It is understood and agreed that material in the **PROPOSER**'s website is not deemed to form part of this application form apart from any information attached in hard copy to this form)

(f) Please provide the **PROPOSER**'s HFEA Licence Number:-

(g) Please list the associations, professional bodies and regulatory organisation's with whom the **PROPOSER** holds a license/ membership:-

(h) Has the membership or registration with any of the above bodies ever been refused, suspended, withdrawn or had conditions issued/ imposed? **YES/ NO**  
If **YES**, please provide full details:-

(i) Please provide a copy of the **PROPOSER**'s latest Financial Report and Accounts:-

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- (a) Please advise the number of procedures undertaken by the **PROPOSER** along with procedure success rates as follows:-

ACTIVITY	Number of Procedures During Last Full Financial Year	Procedure Success Rate
Artificial Insemination by Donor		
Frozen Embryo Transfer (FET)		
Gamete Intra-Fallopian Transfer (GIFT)		
Embryo Testing/ Preimplantation Genetic Diagnosis (PGD)		N/A
Intracytoplasmic Sperm Injection (ICSI)		
Intrauterine Insemination (IUI)		
In Vitro Fertilisation (IVF)		
In Vitro Maturation (IVM)		
Ovarian Tissue Freezing		N/A
Pronuclear Stage Embryo Transfer (PROST)		
Reproductive Immunology		N/A
Storage of Gametes for Oncology Patients		N/A
Surgical Procedures (e.g. Surgical Sperm Retrieval, Testicular Biopsy); Please specify		N/A
Tubal Embryo Transfer (TE)		
Other (Please Specify)		
<b>TOTAL</b>		

- (b) Please provide a full description of any of the **PROPOSER's** activities that require cover hereunder that is not detailed in (a) above?

- (c) Is all donor semen screened, cryopreserved and quantified in line with current HFEA code of practice?  
**YES/ NO**

- (d) Does any of the **PROPOSER's** activities involve clinical trials?  
If **YES**, please provide full details:- **YES/ NO**

- (e) Does the **PROPOSER** undertake any activities outside the UK:-  
If **YES**, please provide full details:- **YES/NO**

(f) Please advise the status of the **PROPOSER** as follows:-

Private Limited Company	YES/NO	If YES, please advise by whom:-
Public Limited Company	YES/NO	
Partnership	YES/NO	
Government Owned	YES/NO	
Not- for Profit Entity	YES/NO	
Other (please specify)	YES/NO	

(g) Please advise the total number of medically qualified staff for each general category as detailed in the table below. The definition for each type is as follows (please use the most appropriate definition):-

- A. **EMPLOYED** – Any professional working under a contract of service solely for the **PROPOSER** (under a traditional PAYE arrangement);
- B. **FREE SERVICE / SELF-EMPLOYED** – Any independent professional working under a third party services agreement with the **PROPOSER**. Such individual may undertake work separately and elsewhere for other medical entities;
- C. **CONTRACTED STAFF** – Any professional working for the **PROPOSER** within a pre-agreed timescale and under “project” terms of engagement. Such professionals are often contracted as a group. Examples include NHS Staff contracted to a private clinic. (Per Misc. ENTITY amendment)

	A. EMPLOYED With no Separate Insurance	A. EMPLOYED But Insured With The MDU / MPS or elsewhere	B. FREE SERVICE / SELF- EMPLOYED *	C. CONTRACTED STAFF
Surgeons & Consultants				
Doctors (GP)				
Anaesthetists				
Nurses				
Embryologists/ Scientists				
Radiographers				
Sonographers				
Counsellors				
Laboratory Technicians				
Healthcare Assistants				
Clerical/ Administration				
Any Other Specialty (Please specify)				
<b>TOTAL</b>				

\* Underwriters normally expect that the **FREE SERVICE / SELF-EMPLOYED** or **CONTRACTED STAFF** purchase

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separate medical malpractice insurance. If this is not the case and any such individual requires cover under the **PROPOSER's** insurance, this will have to be discussed and specifically agreed and endorsed by the Underwriter hereunder. Please detail below any such **FREE SERVICE/ SELF EMPLOYED** or **CONTRACTED** person requiring cover hereunder.

Name	Number Of Hours Work / Week	Services Performed (e.g. Gynecologist, Urologist)

3.

(a) (i) When is the **PROPOSER's** Financial Year End?:-

(ii) Please provide the following information for each of the last three full financial years and the current incomplete financial year:-

Financial Information: Should Be Detailed In British Pounds	Last Full Financial Year Ended:-	Previous Full Financial Year (1 year ago)	Previous Full Financial Year (2 years ago)	Estimate of Current Outstanding Financial Year
<b>FINANCIAL</b>				
(i) Gross Revenue				
(ii) Wage Roll				
(iii) Net Profit (After Taxes)				
<b>OTHER INFORMATION</b>				
(iv) No of Beds				
(v) Average Bed Occupancy (%)				
(vi) No of Operating Theatres				
(vii) No of Ops Under General Anaesthetic				
(viii) No of Ops Under Local Anaesthetic				
<b>PATIENT NUMBERS</b>				
(xv) No of In Patients				
(xvi) No of Out Patients				

(b) Is the **PROPOSER** or any Principal, Partner or Director of the **PROPOSER's** business connected or associated (financially or otherwise) with any other Organisation with which the **PROPOSER** undertakes business? **YES/NO**

If **YES**, please provide details including what work is undertaken for and/or on behalf of such Organisation:-

4.

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(a) Is the **PROPOSER** currently insured for Medical Malpractice Insurance? YES/NO

If **YES** please provide details as follows (including answers to (i) and (ii) below):-

Insurer	Expiry Date	Limit	Excess	Retro-Active Date	Premium

(i) Has the **PROPOSER** been continuously insured since the Retro-Active Date detailed above? YES/NO

If **NO** please advise from which date such insurance has continuously been purchased:-

(ii) Does this current policy have a Discovery Period or Extended Reporting Period in the event that the policy is not renewed? YES/NO

If **YES**, how long is this Discovery Period or Extended Reporting Period?

(b) Has the **PROPOSER** ever been refused similar insurance, or had any policy cancelled or voided at any time? YES/NO

If **YES**, please provide full details:-

5.

(a) Does the **PROPOSER** have adequate internal processes in place to prove that it is undertaking “best endeavours” to ensure that each and every Registered Medical Practitioner whether an Employee, or whether appointed by and/or acting for or on behalf of the **PROPOSER** under a separate contract or agreement for services:-

- Maintains a separate professional liability insurance policy (whether professional indemnity or medical malpractice insurance) with a minimum policy limit of £5,000,000 with an insurance provider (with a minimum of A- security with Standard & Poors or other credit rating agency of similar standing); and such insurance has no unusually restrictive policy terms, conditions, limitations or exclusions that would negate cover; or
- Maintains a membership or registration of a medical association protection scheme (for example as provided by the Medical Defence Union or Medical Protection Society)?

YES/NO

(‘Registered Medical Practitioners’ is defined as any registrant of the following statutory regulated bodies:- General Chiropractic Council; General Dental Council; General Medical Council; General Optical Council; General Osteopathic Council; or any similar statutory regulatory bodies to the list above, but where such bodies are outside of the UK.)

If **NO**, please advise under what circumstances this would not happen:-

(b) Does the **PROPOSER** have adequate internal processes in place to prove that it is undertaking “best endeavours” to ensure that each and every Registered Medical Practitioner who is not an Employee,

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contracts with the **PROPOSER** using a formal contract for services or practising privileges agreement? (Such contract or agreement must stipulate that the Registered Medical Practitioner acts as an independent contractor, and must not define the Registered Medical Practitioner as an agent, Employee or servant of the Insured.)

YES/NO

If **NO**, please advise under what circumstances this would not happen:-

- (c) Does the **PROPOSER** ensure that all Medical Practitioners working for and on behalf of the **PROPOSER** (whether **EMPLOYED**, **FREE SERVICE / SELF EMPLOYED** or **CONTRACTED**) are current subscribing members of a recognised Medical Institute or relevant Professional Body and hold the relevant required valid licences to practise in their respective areas of specialism?

YES/NO

If **NO**, please advise under what circumstances this would not happen:-

- (d) Does the **PROPOSER** screen all Medical Practitioners prior to and during employment with the **PROPOSER** for drug and/or alcohol abuse?

YES/NO

If **NO** please advise why this would not happen:-

- (e) Does the **PROPOSER** obtain satisfactory written references and confirmation of no historical medical malpractice related claims and/or circumstances for all Medical Practitioners prior to employing them or allowing them to use its premises?

YES/NO

If **NO** please advise why and when this would not happen:-

- (f) Does the **PROPOSER** confirm that none of the Medical Practitioners working on its premises are:-  
(i) Under disciplinary review by any Medical Institute or relevant Professional Body or involved in any civil or administrative proceeding regarding malpractice?

YES/NO

And:-

- (ii) Have been convicted for any felony or criminal offence, or are currently involved with a criminal proceeding of any kind?

YES/NO

If **NO** to (i) or (ii) above please provide full details:-

- (g) Is there a clearly defined control mechanism in place to ensure that all monies (including money transfers) paid to the **PROPOSER** are recorded, banked and reconciled independently within at most seven days of receipt?

YES/NO

If **NO**, please provide reasons why not:-

- (h) Does the **PROPOSER** maintain up to date case notes and medical records including accurate records of all procedures undertaken for each patient and observatory records of post-procedural recovery for

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a period of at least ten years?

YES/NO

If **NO**, please advise under what circumstances this would not happen:-

6. Medical Malpractice Insurance is underwritten on a 'claims made' basis and the Underwriters will exclude any claim and/or circumstance which may give rise to a claim, which is known by the PROPOSER(s) prior to the inception date of the policy.

**Please provide answers to the following questions after making full enquiry of all Principals, Partners, Directors and employees.**

- (a) Have any professional negligence or medical malpractice claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (b) Have any claims for dishonesty ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER** whether successful or otherwise? **YES/NO**
- (c) Have any complaints or investigations ever been made or undertaken against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**? **YES/NO**
- (d) Has the **PROPOSER** or any Director, Partner or employee of the **PROPOSER** ever had a document relating to the **PROPOSER**'s activities unintentionally destroyed, damaged, lost or mislaid? **YES/NO**
- (e) Has the **PROPOSER** ever suffered any losses due to dishonesty of any Director, Partner or employee, or any other person or organisation? **YES/NO**
- (f) Have any libel or slander claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (g) Have any infringement of copyright claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (h) Have any breach of confidentiality claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (i) Have any sexual harassment and/or abuse claims ever been made against the **PROPOSER** or against any Director, Partner or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (j) After full enquiry is the **PROPOSER** or any Director, Partner or employee of the **PROPOSER** aware of any circumstances relating to the questions 6(a) to 6(i) above which may give rise to a potential claim or request for indemnity under the medical malpractice policy? **YES/NO**

If the answer to any of the above is **YES (for any of the last six years)**, please provide details below:-

Date of Loss	Date Notified	Claimant Name	Description of Claim	Excess	Payment Made By Insurers	Outstanding Reserve	Maximum Possible Loss	Status of Claim (e.g. Closed or Waiting for Legal Report)

## 7. Declaration

I/We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **PROPOSER** and are a fair presentation of the risk. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter or influence the Underwriters' judgement of the risk, or affect their assessment of the exposures they are covering under the policy.

Signature

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Date

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Position

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For and/on behalf of the **PROPOSER**

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Name in capital letters (Printed)

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Following the commencement of this contract of insurance, the **PROPOSER** must advise Underwriters as soon as practicable, and as a matter of urgency, of any changes to the original information provided to Underwriters when the Application Form was originally submitted to Insurers. Such information must include anything which it considers may alter, influence the judgement of or prejudice the Underwriters' appraisal of the risk being covered hereunder. Failure to disclose such new or amended information may prejudice the **PROPOSER'S** position in the event of notification of a Claim under this policy.