

Occupational Health Proposal form

The products on this form are designed for individual's and limited companies providing **occupational health services** and for those requiring cover for **nurse representation costs**.

1. Your details

Full name of the insured	<input type="text"/>		
Main address	<input type="text"/>		
Trading name (if different from the above)	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Your annual turnover	<input type="text"/>		
If employers' liability cover is taken please provide your HMRC Employer Reference Number (ERN) or exempt reason	<input type="text"/>		

2. Cover

All the premiums are inclusive of IPT at 12% and apply only if you can comply with the statement of fact in section 3.

Medical malpractice and professional indemnity is one limit of indemnity in the aggregate with costs inclusive. The excess applies to each and every claimant and includes costs.

Payments can be made by interest free direct debit over 12 months.

Medical malpractice and professional indemnity						
Turnover	Limit of indemnity				Excess	
	£1,000,000	£2,000,000	£5,000,000			
Nil - £50,000	£315 <input type="checkbox"/>	£420 <input type="checkbox"/>	£840 <input type="checkbox"/>	Nil		
£50,001 - £100,000	£517 <input type="checkbox"/>	£621 <input type="checkbox"/>	£1,207 <input type="checkbox"/>	Nil		
£100,001 - £200,000	£805 <input type="checkbox"/>	£964 <input type="checkbox"/>	£1,437 <input type="checkbox"/>	£750		
£200,001 - £300,000	£1,172 <input type="checkbox"/>	£1,407 <input type="checkbox"/>	£1,926 <input type="checkbox"/>	£750		
£300,001 - £400,000	£1,388 <input type="checkbox"/>	£1,471 <input type="checkbox"/>	£2,280 <input type="checkbox"/>	£750		
Property and business interruption – please select if required						
Package	Option 1	Option 2	Option 3	Option 4	Option 5	Excess
Contents anywhere in the UK	£5,000	£10,000	£15,000	£20,000	£25,000	£250
Increased costs of working	£5,000	£10,000	£15,000	£20,000	£25,000	Nil
Premium	£132 <input type="checkbox"/>	£264 <input type="checkbox"/>	£396 <input type="checkbox"/>	£529 <input type="checkbox"/>	£661 <input type="checkbox"/>	
Employers' liability – £10m limit of indemnity – please select if required						
Package	Option 1	Option 2	Option 3	Option 4	Excess	
Number of employees	1-5	6-10	11-15	16-20		
Premium	£162 <input type="checkbox"/>	£325 <input type="checkbox"/>	£488 <input type="checkbox"/>	£651 <input type="checkbox"/>	Nil	

Public liability – please select if required				
Turnover	Limit of indemnity			Excess
	£1,000,000	£2,000,000	£5,000,000	
Nil - £500,000	£108 <input type="checkbox"/>	£217 <input type="checkbox"/>	£488 <input type="checkbox"/>	£250

Period of insurance

The premiums stated above represent premiums due for the first 12 months of a continuous policy of insurance. This is not an annual policy.

Retroactive cover

If you currently purchase professional indemnity cover, please provide the date when you first purchased cover without any gaps in insurance.

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3. Statement of fact

By accepting this insurance you confirm that the facts stated below are true. These statements, and all information you or anyone on your behalf provided before we agreed to insure you, are incorporated into and form the basis of the policy.

If anything in these statements is not correct, or if any material information is not disclosed we will be entitled to treat this insurance as if it had never existed.

You should keep this proposal acceptance form and statement of fact for your records.

Business activities

1. Your business is registered and domiciled in the United Kingdom.
2. Your business does not and has never undertaken any work for clients based outside of the United Kingdom.
3. You have never been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974.
4. You have never been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt either in a personal capacity or as a business.
5. You and any one employed by or contracted by you to undertake business activities are qualified as either:
 - a. a nurse;
 - b. a doctor;
 - c. an occupational health therapist.
6. You do not undertake any business activities other than the following:
 - a. BMI;
 - b. blood pressure testing;
 - c. cholesterol testing;
 - d. glucose testing;
 - e. hearing testing;
 - f. stress audits;
 - g. absence management;
 - h. counseling in drugs and alcohol dependency;
 - i. ergonomics;
 - j. health surveillance;
 - k. lung capacity tests;
 - l. preventative healthcare;
 - m. promotion of health-related issues;
 - n. staff rehabilitation;
 - o. stress management training;

- p. vaccinations;
- q. workplace assessments;
- r. biological monitoring;
- s. drugs and alcohol screening;
- t. pre-employment medicals;
- u. physiotherapy services.

Business activities p, q, r, s, t, u do not account for more than 5% of your total turnover each.

True False

If No, please complete the additional information sheet.

7. You do not provide any Mefloquine hydrochloride (Lariam, Mephaquin or Mefliam) vaccinations.
8. You do not undertake any drugs or alcohol testing for train driver or airline pilots.
9. All physiotherapists maintain in force their own insurance to cover malpractice, professional errors, omissions or negligence.
10. All registered medical practitioners maintain registration with the General Medical Council or Irish Medical Council and maintain membership of a Medical Defence Organisation and that the category of such membership is applicable to all services offered or provided by you or are otherwise fully insured for their own malpractice and professional errors, omissions or negligence.
11. All nurses maintain registration with the Nursing and Midwifery Council (NMC).
12. All self-employed nurses contracted by you maintain membership of the Royal College of Nursing or any other professional trade union which provides professional liability insurance as a benefit of membership and that such membership is applicable to all services offered or provided to you, or are otherwise fully insured for their own malpractice and professional errors, omissions or negligence.
13. You undertake pre-employment screening for all your employees including validation of qualifications and references.

4. Claims and losses

If you are unable to comply with the claims and losses statements below, please declare it as material information in section 7.

You confirm the following statements to be true:

- In the last five years no claim or loss, whether successful or not, has occurred or been made against you or your predecessors in business, or any past or present partner, principal, director or employee.
- You are not aware after reasonable enquiry of any matter which may lead to a claim against you. This includes, but is not limited to:
 - a shortcoming or problem in your work known to you which you cannot reasonably put right;
 - a complaint about your work or anything you have supplied which cannot be immediately resolved;
 - an escalating level of complaint on a particular project;
 - a client withholding payment due to you after any complaint.
- You have never had any medical malpractice or professional indemnity insurance policy or proposal cancelled, withdrawn, declined or made subject to special terms.

5. Insurance details

Important notice for your protection

Within 30 days of receipt of this proposal acceptance form by us, you will be sent your policy documents which contain full details of your cover and other important information. Please take time to read these documents carefully, particularly noting the policy exclusions and limitations.

Please ensure that the details in the policy documents are correct.

In the event that you change your mind you have 14 days to cancel the policy and, providing that no claims have been made, receive a full refund. After that period you can cancel your policy by giving 30 days' notice.

6. Acceptance

I would like to proceed with cover to start on*

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*Please note that you can choose for cover to commence on any date within 30 days from when you sign this form. The commencement date cannot be in the past. Your application will be rejected if you choose a commencement date in the past or more than 30 days in the future.

Please note that cover will only commence once you have received confirmation from Hiscox.

I confirm that I have read the statement of fact above and I accept and agree the offer of insurance on the basis of which this cover is granted and for the above limits I have selected.

Yes No

If No, please speak to Clear Insurance Management.

7. Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

8. Data protection

By signing this proposal acceptance form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities.

Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

9. Declaration

I/We declare that (a) this proposal acceptance form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of my/our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle the insurer to avoid this insurance.

I/We agree that this proposal acceptance form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Name

Position within the company

Signature

Date

Please return this proposal acceptance form to Clear Insurance Management.

A copy of this proposal acceptance form and any other information supplied to us for the purposes of obtaining this insurance should be retained for your records.

10. Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about the sale of your policy or the service offered by your broker, you should contact Clear Insurance Management:

Telephone: 0330 013 0622

Email: leicester@thecleargroup.com

Address:

Clear Insurance Management

AGM House
3 Barton Close
Grove Park
Enderby
Leicester
LE19 1SJ

If you have any questions or concerns about the terms of your policy or the decisions regarding the settlement of a claim, please contact our customer relations team in writing at:

Hiscox Customer Relations
Hiscox House
Sheepen Place
Colchester
CO3 3XL

or by telephone on 01206 773705
or by email at customer.relations@hiscox.com.

If you are dissatisfied with the way Hiscox Customer Relations handle your complaint you may be eligible to refer your complaint to the Financial Ombudsman Service. Further details will be provided at the appropriate stage of the complaints process. This complaint procedure is without prejudice to your right to take legal proceedings.

Please tick all appropriate boxes below that represent a business activity that you undertake. For any activities you undertake that are not represented below, please state within the 'other' section.

Activity		Activity	
BMI	<input type="checkbox"/>	Preventative healthcare	<input type="checkbox"/>
Blood pressure testing	<input type="checkbox"/>	Promotion of health-related issues	<input type="checkbox"/>
Cholesterol testing	<input type="checkbox"/>	Staff rehabilitation	<input type="checkbox"/>
Glucose testing	<input type="checkbox"/>	Stress management training	<input type="checkbox"/>
Hearing testing	<input type="checkbox"/>	Vaccinations	<input type="checkbox"/>
Stress audits	<input type="checkbox"/>	Workplace assessments	<input type="checkbox"/>
Absence management	<input type="checkbox"/>	Biological monitoring/assessments	<input type="checkbox"/>
Counselling in drugs/alcohol	<input type="checkbox"/>	Drugs alcohol screening	<input type="checkbox"/>
Ergonomics	<input type="checkbox"/>	Medico-legal work	<input type="checkbox"/>
Health surveillance	<input type="checkbox"/>	Physiotherapy services	<input type="checkbox"/>
Lung capacity tests	<input type="checkbox"/>	Pre-placement questionnaires	<input type="checkbox"/>
Other (please specify in space provided):			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

All sections of cover provided under this product are underwritten by Hiscox Underwriting Ltd on behalf of Hiscox Insurance Company Limited.
 Clear Insurance Management Limited is authorised and regulated by the Financial Conduct Authority.