



**Professional Liability Insurance for Physiotherapy  
& General Healthcare Clinics**

# Professional Liability Insurance for Physiotherapy Practices Proposal Form



## Instructions

Our business liability insurance policy is specifically designed for Physiotherapy & Sports Injury Clinics, which ensures you receive tailored cover to safeguard your business.

You should refer to the policy summary & wording for full details of the insurance cover provided

If you need assistance in completing any of the sections please contact us on 01245 321185

## Company Information

Full name of business to be insured (If a Limited Company please state registered name & the full names of all Directors and if a partnership please state the full names of all partners)

Please provide details of any previous names the business has traded under

Please state Name & Membership Number of any Director or Partner who is a member of Physio First

Date Established

Turnover Projection for next 12 Months

Correspondence Address

Contact Name

Contact Telephone Number

Contact E-mail Address

Website Address

### Insured Activities

The policy provides cover for professional liability risks arising from your activities as a Human Physiotherapy Practice based in the UK. Cover can also be extended to include additional therapies (including animal therapy) which may involve an extra premium. Cover for additional activities included after the policy commencement date will only be insured from the date of addition regardless of the retroactive date shown on the certificate.

Please state below all activities for which cover is required together with the % of income it relates to the total

Therapy	%	Therapy	%
Human Physiotherapy			

**It is a condition of this insurance that all self-employed persons including Physiotherapists and sub-contractors engaged by the business maintain Professional & Public Liability Insurance in their own name.**

**All healthcare professionals, whether employed or self-employed must be suitably qualified and maintain where required registration with the HCPC or other statutory regulatory body**

In the next 12 months will you be working outside of the UK? Yes

No

If Yes please confirm the number of days you will be working outside the UK

## Limits of Indemnity

Professional Liability Insurance

£5,000,000

£10,000,000

Do you require Employers Liability Insurance

Yes

No

If Employers Liability Insurance is required, please confirm the total number of Employees (including Directors) and Self-Employed persons for whom you are responsible

**If Employers Liability Insurance selected**, please provide your Employers PAYE reference number

Employers PAYE Reference Number

The Employers PAYE reference number is usually in the format of either NNN/Aannnnn or NNN/Annnnn, where N/n is a number and A/a is a letter (e.g. 012/Ab34567)

## Disclosure of Material Facts Declaration

Please answer the following:

(a) To the best of your knowledge and belief have there been any claims made against any director, principal, employee or previous company in respect of any of the covers now proposed?

Yes

No

(b) Are you aware of any existing circumstances which may give rise to a claim?

Yes

No

(c) Do you provide any treatment to Professional Footballers?

Yes

No

**If Yes** please provide full details & percentage (%) of annual income from such work (you should be aware this Policy contains significant exclusions relating to the treatment of Professional Footballers which may affect your Business

%

**Please be aware this policy contains significant exclusions relating to the treatment of Professional Footballers**

(d) Do you undertake any work in the USA, or its territories and possessions, or in Canada?

Yes

No

(e) Has any Insurer declined a proposal or refused to renew insurance?

Yes

No

(f) Has any partner, director or employee been the subject of any fitness to practice or disciplinary hearings?

Yes

No

If you have answered "Yes" to any of the above questions, please provide details below

(g) Do you annually check Healthcare Professionals are registered where required with the HCPC or other statutory regulator?

Yes

No

(h) Do you annually check that all self-employed persons, and sub-contractors maintain their own Professional & Public Liability Insurance?

Yes

No

(i) Has the business to be insured previously held Medical & Professional Liability Insurance?

Yes

No

**If Yes** please provide the following details

Insurer

Policy & Certificate Number

Retroactive Date

Expiry Date

Date Policy to Start

### Important Notes:

- **Cover will not commence until this application has been approved and a Quotation issued and accepted.**
- **The policy will run for 12 months from the agreed commencement date.**
- **No work undertaken prior to commencement of the policy is insured**  
**(Retro Active cover may be available subject to evidence of previous and continuous insurance)**

I declare that to the best of my knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself and the insurer. I agree to accept the insurer's standard form of policy and endorsements for this insurance. I confirm that all persons carrying out activities in accordance with the Business as defined above are suitably qualified to do so.

Signature

Date

Print Name

Position

Administered By

Graybrook Insurance Brokers Limited  
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South Woodham Ferrers  
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CM3 5TB

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Underwritten By

AXA Insurance UK plc (Lead Insurer)  
AXA Insurance UK plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

and

Novae Underwriting Limited underwriting for certain underwriters at Lloyds  
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