



**SEMPRIS**

Medical Professional Indemnity Scheme

## ORTHOPAEDIC SURGEONS

### PROPOSAL FORM

#### IMPORTANT INFORMATION – PLEASE READ

This Proposal Form is for a claims made policy. A claims made policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- The proposal form must be printed clearly using black or blue ink.
- It is the duty of the proposer to disclose all material facts. For the purpose of this proposal form, a material fact shall be deemed to be one that would be likely to influence an underwriters judgement and acceptance of your proposal form.
- Each section of this proposal form must be completed in full. Incomplete, or unsigned, forms will not be accepted and will be returned.
- Failure to disclose full and accurate details regarding your professional history, practice and income will invalidate your cover.
- It is the responsibility of the proposer to notify any change of address or any change to professional circumstances.
- For the purposes of this Proposal Form, please consider that Independent Practice is work not covered by a NHS contract.
- Once completed, please sign and date the declaration on Section 6, page 6 and return it to:

SEMPRIS  
c/o Health Partners Europe Ltd  
Bridge House,  
273 Brighton Road,  
Belmont,  
Surrey,  
SM2 5SU

email: [info@sempris.co.uk](mailto:info@sempris.co.uk)  
fax: 0208 770 2194

- Should there be insufficient room in the proposal form for details, please use the blank page at the back of the proposal form to record the answers, noting the appropriate question number.
- A copy of the proposal form should be retained for your own records.
- Upon acceptance of the underwriters terms and conditions and payment of the premium, all information provided by the proposer, together with the guidance notes, will be deemed to be incorporated in the contract between underwriters and the insured.

Should you have any questions, please contact the SEMPRIS Team on 0208 770 0333 (available 24hrs a day).

**THE SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE.**

#### Section 1. Personal Details ▼

##### Please complete in BLOCK CAPITALS

Title  Male  Female

Surname

Forename

Previous name (if any)

UK Address (for all correspondence)

Postcode

Date of Birth  DD / MM / YYYY

Email Address

Daytime Telephone No

Evening Telephone No

Mobile No

GMC Registration No

#### Section 2. Academic Details ▶

## Section 2. Academic Details ▼

Qualification	Training Establishment	Date of Qualification	Country of Qualification
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

## Section 2a. NHS and Independent Sector Appointments ▼

i) If you hold an NHS appointment, please indicate at which Trust(s)

ii) At which hospitals in the independent sector do you have admitting privileges?

iii) What sports clubs / organisations do you work for or provide your services to?

## Section 3. Professional History ▼

i) Please list the professional organisations that you are a member of and state your membership number

ii) Have you ever had Professional Indemnity / Insurance before?

Yes (please provide details below)  No

Organisation	Commencement Date	Date until	Membership or Policy Number	Subscription in current year
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text" value="£"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text" value="£"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text" value="£"/>

iii) Has your Professional Indemnity / Insurance been continuous since the date of your graduation?

Yes  No  (please provide details below)

## Section 3. Professional History ▶

iv) Has any application for this type of insurance cover or membership of a defence body ever been:

a. declined? Yes  No

b. cancelled? Yes  No

c. required special terms? Yes  No  If "Yes" to any box, please give full details in the space below.

v) Have any claims for compensation been made against you for incidents arising in your professional practice during the last 10 years?  
Please continue on Page 8 if there is insufficient room

Yes  No  If yes, please provide dates and amount claimed to the best of your knowledge

Date of Incident	Date of Claim	Amount Claimed	Brief details including nature of the allegations and details of Claimant (e.g. gender, age, etc)	
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	
NHS or Independent Practice	Successfully Defended	Settled	Pending	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Incident	Date of Claim	Amount Claimed	Brief details including nature of the allegations and details of Claimant (e.g. gender, age, etc)	
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	
NHS or Independent Practice	Successfully Defended	Settled	Pending	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of Incident	Date of Claim	Amount Claimed	Brief details including nature of the allegations and details of Claimant (e.g. gender, age, etc)	
<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	
NHS or Independent Practice	Successfully Defended	Settled	Pending	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vi) Do you know of any incident which may give rise to a claim being made against you including incidents for which you believe indemnity will be provided by the NHS or your previous indemnifier?

Yes (please provide details below)  No

Date of incident	Brief details including nature of incident from Independent Practice or NHS work
<input type="text" value="DD MM YYYY"/>	<input type="text"/>

vii) Have all of the above, in question 3.v and 3.vi, been notified and accepted by previous organisations listed in 3.ii?

Yes  No

viii) Have you ever been the subject of or convicted of any criminal offence (other than minor traffic offences), professional disciplinary proceedings or inquiries?

Yes (please provide details on Page 8)  No

## Section 4. Practice Profile ▼

i) Please list the type and the number of the main procedures that you performed in your last accounting year to indicate the procedures you carry out and those for which you require indemnity. Your independent practice includes those procedures carried out on sports professionals in the independent sector.

Type of Procedure	Number in NHS	Number in Private Practice	Type of Procedure	Number in NHS	Number in Private Practice
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ii) Do you provide any form of medical treatment or anticipate providing medical treatment to professional sportsmen/women ie. a person who plays or participates in a sport for remuneration?

Yes  No

iii) Do you undertake any pre-signing medical assessment, or any other form of medical assessment of professional sportspersons on behalf of a club or other sports organisation?

Yes  No

iv) Please state the approximate number of sessions per week in each aspect of your practice. (1 session equals 4 hours).

a. Independent Sector Consulting\*  (\*including professional sportsmen/women)

b. Independent Sector Operating\*  (\*including professional sportsmen/women)

c. NHS Consulting and Operating

d. Other (please specify)

v) What is your total gross annual income from work performed in your independent practice?

a. For the past accounting year?

b. Estimated to be for the current accounting year?

vi) What proportion of your total gross annual income stated in 4.v) originates from work performed on professional sportsmen/women?

a. For the past accounting year?

b. Estimated to be for the current accounting year?

vii) On average, how many professional sportsmen/women would you operate on in any one year?

viii) What is your total gross annual income from medico-legal work in your independent practice?

a. For the past accounting year?

b. Estimated to be for the current accounting year?

Underwriters reserve the right to ask for evidence of income at any time.

ix) What were your total practice expenses as declared to the Inland Revenue for tax purposes in the last accounting year?

x) In the Independent Sector, are you personally responsible for the procedures performed? (If no, and you delegate to others, please respond to the questions below)

Yes

No

a. Do you have additional trained medical assistance (Registrar, Surgical trainee etc)?

Yes

No

b. Please confirm that they maintain their own Medical Malpractice cover or are covered by NHS Indemnity

Yes

No

xi) Will all your medical practice be carried out in the United Kingdom?

Yes

No

If no, please give full details (including the number and type of procedures, the gross income generated and the location) in the space available on page 8.

*\*Income data are used solely by the brokers and underwriters to ensure your insurance premium is correct. Individual details are confidential and are not shared with the SEMPRIS Board.*

## Section 5. Requested Cover ▼

i) The recommended policy provides Limits of £10,000,000 for any one claim and £20,000,000 in the annual aggregate. However, you have a choice regarding the Policy Excess (or the amount you will personally have to bear in the event of a claim). The higher the Excess, the lower your Premium will be. You may request a quotation for one or more levels of Excess to help you decide. Please note that occasionally certain Excess options may not be available for all applicants depending on your practice profile.

a. £5,000 each and every claim

b. £10,000 each and every claim

c. £25,000 each and every claim

c. £50,000 each and every claim

ii) Please state the date which you will require the insurance cover to commence.

The level of excess imposed by the policy will be stated on your policy certificate.

DD / MM / YYYY

## Section 6. Declaration & Disclosure ▶

## Section 6. Declaration & Disclosure ▼

I declare and warrant that after enquiry all statements and particulars contained in this Proposal are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way, I will advise Paragon as soon as practicable. I understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in the refusal to provide indemnity or voiding the policy in every respect. I hereby accept that this Declaration shall be the basis of the contract between both parties if entered into. By signing this document, I authorise Paragon to release information to SEMPRIS and give permission to Paragon to use my email address, as provided in Section 1, to send their quotations or correspondence.

Proposers Name Printed

Proposers Signature

Date of Signature

DD / MM / YYYY

### Law Applicable to Contract

Unless specifically agreed by the Insured and the Insurers to the contrary this insurance shall be subject to English Law.

### Data Protection

Any personal information you provide will be passed to your Insurer(s) in relation to your application for Medical Malpractice Insurance Cover. It will be used by Paragon's or Insurer's relevant staff in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to TWG Resources Ltd, Health Partners Europe Ltd, loss adjusters and reinsurers for these purposes. In the signing of this Proposal form or otherwise seeking insurance through us, you are agreeing to the above terms.

Paragon International Insurance Brokers Ltd.

Authorised and Regulated by the Financial Services Authority.

Accredited Lloyd's Broker.

## Initial Disclosure Document

### Introduction

Paragon International Insurance Brokers Ltd (Paragon) is authorised and regulated by the Financial Service Authority (FSA) which is the independent body that regulates financial services in the UK and they require Paragon to send you this document. Paragon's FSA reference number is 310157. It is possible to check this information by visiting the FSA's website <http://www.fsa.gov.uk/register> or by contacting the FSA on (44) 0845 606 1234 or writing to them at 25 The North Colonnade, Canary Wharf, London. E14 5HS, UK.

Please use the information in this document to decide if Paragon's services are right for you.

Paragon is an independent Lloyd's accredited broker and is based in London. Paragon is owned by its Directors and staff through a Holding Company and there are no outside shareholders. It does not own any shares in any insurance company or Lloyd's entity.

Paragon typically uses insurance markets based in the UK, Europe, Bermuda and North America and a list of the markets it uses is available on request. It is not tied to, or acts as agents of, any insurer except in the collection of monies and the holding of documents involving certain insurers. However for certain products Paragon only uses one insurer or binds insurance under a Binding Authority (A facility granted to Paragon by certain insurer(s) whereby Paragon can quote and bind insurance cover and issue certificates of insurance on behalf of the insurer(s)). All quotes given by Paragon under the SEMPRIS scheme are under a Binding Authority and as a consequence Paragon will be acting as the agent of insurers and not the insured.

### Paragon's Responsibilities

On receipt of a fully completed and signed SEMPRIS proposal form Paragon, if able to quote, will endeavour to provide the insured with full written terms & conditions for insurance as authorised by the insurer under the Binding Authority granted to Paragon. Paragon will be available to give advice and guidance regarding such terms and conditions but will not be able to give advice, or assist, respects marketing of your risk with other insurers. On receipt of a written order to bind cover Paragon will issue the insured with a certificate of insurance which will be the formal and binding document evidencing cover on behalf of the insurer. In addition Paragon will issue debit note for the payment of the premium. Paragon will consider amendments to the cover when requested during the period of the insurance.

Paragon acts on behalf of insurers in negotiating and settling of claims. Paragon will advise insurers when it becomes aware of circumstances and when claims are reported to it. It maybe necessary for you, or your representative, to negotiate directly with insurers regarding claims.

In providing services pursuant to this agreement Paragon will supply information about you and your claims to third party insurance providers and intermediaries ("Third Parties")

Paragon will not permit access by any third party to any information it holds except information held by Paragon as agent of insurers, in order for services to be supplied on your behalf, as otherwise set out in this agreement, or as is otherwise required by a court, regulator, law or other legal authority or other legitimate third party. In order for Paragon to provide its services, information provided by you may be transferred by or on behalf of Paragon or other Third Parties to destinations outside the European Economic Area ("EEA") whose laws are not as protective as those of the EEA. To the maximum extent permitted by applicable law, Paragon's liability arising under or in connection with this document from third party data loss, damage or unauthorised disclosure shall never exceed £1 million in any twelve month period measured from the date on which Paragon executes this IDD.

Paragon will either keep all original documents or have them electronically stored, (and then destroy all original documents) for the appropriate amount of time as required by Paragon's regulator.

Certain insured's may be entitled to compensation from the Financial Services Compensation Scheme (FSCS). This depends on the type of business and the circumstances of the claim. Full information can be obtained from their website which is [www.fscs.org.uk](http://www.fscs.org.uk) or the FSA.

Paragon only uses Insurers that have been rated A- or higher by A.M Best or have been rated A- or higher by Standard & Poors. Paragon never acts as an insurer or guarantees the solvency of any insurer it places business with, or the ability of an insurer to meet policyholders obligations. As a result, final decisions on insurer suitability must rest with the insured.

### **Your Responsibilities**

You are responsible for providing Paragon with adequate information in order for it to meet your requirements. Also you are responsible for producing, in writing, complete and accurate disclosure of all material facts of the risks to be insured. Material facts are those that influence a reasonable insurer when deciding to provide insurance or not, and if so, the terms and conditions of such insurance. The use of an application or proposal form supplied by insurers or Paragon does not relieve or reduce your responsibility to disclose all material information in a clear and accurate manner. If you do not supply such material information, insurers may be able to avoid all coverage and not necessarily restricted to the subject of non-disclosure.

You are responsible for checking that all documentation received by you clearly reflects the insurance coverage you require. Particular attention should be made to the limits, terms & conditions, any warranties and when to advise claims or potential claims to insurers. Also attention should be given to any condition that requires you to undertake specified actions by a date. The procedures for advising insurers of circumstances and claims are shown in the insurance documents issued by Paragon and it is your duty to be fully aware of them. When requested Paragon can assist with the notification of claims and circumstances to insurers.

You are responsible for paying the correct amount of premium and tax by the due dates especially if there is a warranty and Paragon will not be responsible for any consequence of such a failure.

You must ensure that payments are made to the bank account as advised by Paragon. All premiums will be held by Paragon in a Non Statutory Trust until payment is due to insurers, or clients if return of premium or claims monies, and any interest earned from monies held on account will be payable to Paragon. Paragon may drawdown its commission before paying the premium to insurers. Paragon acts as the agent of insurers in the collection and holding of insurance premiums and claims monies.

You must advise Paragon of any subsequent change in the information given to insurers at the time the insurance inception.

If you have any doubt about your responsibilities under any insurance arranged by Paragon please immediately contact their Compliance Officer who will be pleased to assist.

### **Paragon's Remuneration**

Paragon's remuneration will be by commission payable by insurers. Paragon's commission is fully earned as at the inception date of the insurance placement. You are entitled to ask for details of all commission paid to Paragon which is applicable to your premiums. In addition Paragon may in the future receive Profit Commission from insurers, the calculation of which is shown in the Binding Authority and will involve premium and claims of other insureds.

### **Payments to Paragon**

Paragon never accepts payments for premium or its services in cash, or by private/personal credit cards. Paragon will only accept transfers of monies from, or cheques with accounts with, reputable and internationally known banks. If you use a premium finance company to pay your premium this must be advised to Paragon as it is not able to accept payment other than from the insured unless previously agreed and documented by you and Paragon.

### **Complaints**

Paragon aims to provide the highest standard of service to all its clients. If at any time you wish to make an enquiry or make a complaint, either in writing or verbally, in connection with any matter concerning the service you have received from Paragon, or any other business matter involving Paragon, please address such matters to Paragon's Compliance Officer. He/she will acknowledge your enquiry or complaint, usually within five working days, and will immediately undertake an independent review and will write to you accordingly. Paragon's complaints procedure is compliant with the requirements of the FSA.

Certain insureds may be entitled to refer their complaint to the Financial Ombudsman Service. (FOS). Full information can be obtained from their website which is [www.fos.org.uk](http://www.fos.org.uk) or from the FSA.

### **Entire Agreement**

This document, along with any Addendums attached hereto, is the entire agreement between Paragon and the client. Any changes, amendments or additions are valid only when attached hereto and signed by the respective signatories hereon.

**Paragon Brokers Office Use Only**

Printed Name of Personnel

Personnel Signature

Date of Signature

PLEASE USE THIS SPACE TO RECORD THE ANSWERS TO ANY QUESTIONS FOR WHICH YOU REQUIRE ADDITIONAL SPACE, NOTING THE APPROPRIATE QUESTION NUMBER