



Total Healthcare Professional Management Liability Policy Proposal form (with premiums)

Who can use this proposal form

This proposal form is only for:

- General Practitioners with an annual turnover/income up to £10m (excluding NHS rent reimbursement)
- Dentists with an annual turnover/income up to £10m
- Community Pharmacists Practitioners with an annual turnover/income up to £10m
- Optometrists and Dispensing Opticians with an annual turnover/income up to 10m
- Vets with an annual turnover/income up to £10m

Checking the form

Before completing this form, please check that you have the latest version. You can do this by speaking to the scheme brokers, Lucas Fettes Partners Limited. Tel: 0207 413 0999.

Please check all the details you have provided are full and true. Please make sure that you include all relevant information: this is information that could affect our decision to give you insurance or affect the terms we give you. If you are not sure if something is important or relevant you should tell us. These details will form the basis of the insurance contract between us.

If you fail to give full and true answers, your policy may not protect you in the event of a claim.

Please read the Data Protection notice at the end of this proposal form carefully.

Please keep a record of all information given to us (including copies of letters or emails), and a copy of this proposal form as it is part of your insurance policy.

Copies of documents

If you need a copy of this proposal form, please contact us. We can supply copies up to 3 months after receiving the form. You can also contact Lucas Fettes and Partners Ltd. if you would like a copy of the policy wording.

Law applicable to the policy

You are free to choose the law applicable to this policy. Your policy will be governed by the law of England and Wales unless you and we have agreed otherwise.

AXA Insurance UK plc is authorised and regulated by the Financial Services Authority. This can be checked on the FSA's website at www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

1 Your details

1.1 Your practice/company/organisation name

1.2 Your practice/company/organisation address

Postcode

Your cover

1.3 Turnover/Income in the last 12 calendar months (excluding in the case of General Practitioners NHS rent reimbursement)

 £

1.4 When would you like the cover to start?

Your cover will only start when AXA accepts your proposal.

D	D	M	M	Y	Y
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1.5 Please tick if you only need a quote

Quote only

2 Limit of cover, premium and excess (es)

Please note: if you cannot comply with the statement of fact shown below, we will need more information before we can confirm your premiums and excess levels. This means that your premiums and excesses may be different from those shown below. Our terms of cover may also be different.

Standard Cover - Sole Practitioners', Partners', Directors' and officers' liability and Sole Practitioners'/Partnership/Company legal liability

The limit of cover will apply separately to each section of cover.

2.1 Please tick the limit of cover you require for your practice

Limit per section Any one claim including costs	Annual turnover					
	Up to £250,000	£250,001 to £1 million	£1,000,001 to £2.5 million	£2,500,001 to £5 million	£5,000,001 to £7.5 million	£7,500,001 to £10 million
£250,000	<input type="checkbox"/> £500	<input type="checkbox"/> £700	<input type="checkbox"/> £900	<input type="checkbox"/> £1,100	<input type="checkbox"/> £1,300	<input type="checkbox"/> £1,500
£500,000	<input type="checkbox"/> £700	<input type="checkbox"/> £900	<input type="checkbox"/> £1,100	<input type="checkbox"/> £1,300	<input type="checkbox"/> £1,500	<input type="checkbox"/> £1,700
£1,000,000	<input type="checkbox"/> £900	<input type="checkbox"/> £1,200	<input type="checkbox"/> £1,500	<input type="checkbox"/> £1,800	<input type="checkbox"/> £2,100	<input type="checkbox"/> £2,400
£2,000,000	<input type="checkbox"/> £1,200	<input type="checkbox"/> £1,500	<input type="checkbox"/> £1,800	<input type="checkbox"/> £2,100	<input type="checkbox"/> £2,400	<input type="checkbox"/> £2,700
£5,000,000	<input type="checkbox"/> £3,000	<input type="checkbox"/> £3,300	<input type="checkbox"/> £3,600	<input type="checkbox"/> £3,900	<input type="checkbox"/> £4,200	<input type="checkbox"/> £4,500

The premiums shown above do not include Insurance Premium Tax, which we will add at the current rate. Your insurance adviser will be able to confirm the current rate of Insurance Premium Tax.

Statement of fact

- You recorded a profit/surplus in the last 12 months (that is net profit/income after tax)
- You have not had any claims or investigations (other than routine inspection's) in the last 5 years
- After full enquiry, you are not aware of any fact or circumstance which could lead to a claim under the proposed policy

About these premiums

Please note these premiums only apply if you comply with the statement of fact shown below.

These premiums change from time to time. Please check you are using the latest version of this form.

2 Limit of cover, premium and excess (es) continued

Optional Cover - Employment practices liability and Employee dishonesty cover

The limit of cover shall apply separately to each section of cover. The premium shown below is the total premium payable for standard cover + optional cover.

2.2 Please tick the limit of cover you require for your practice

Limit per section Any one claim including costs	Annual turnover					
	Up to £250,000	£250,001 to £1 million	£1,000,001 to £2.5 million	£2,500,001 to £5 million	£5,000,001 to £7.5 million	£7,500,001 to £10 million
£250,000	<input type="checkbox"/> £1,000	<input type="checkbox"/> £1,400	<input type="checkbox"/> £1,800	<input type="checkbox"/> £2,200	<input type="checkbox"/> £2,600	<input type="checkbox"/> £3,000
£500,000	<input type="checkbox"/> £1,400	<input type="checkbox"/> £1,800	<input type="checkbox"/> £2,200	<input type="checkbox"/> £2,600	<input type="checkbox"/> £3,000	<input type="checkbox"/> £3,400
£1,000,000	<input type="checkbox"/> £1,800	<input type="checkbox"/> £2,400	<input type="checkbox"/> £3,000	<input type="checkbox"/> £3,600	<input type="checkbox"/> £4,200	<input type="checkbox"/> £4,800
£2,000,000	<input type="checkbox"/> £2,400	<input type="checkbox"/> £3,000	<input type="checkbox"/> £3,600	<input type="checkbox"/> £4,200	<input type="checkbox"/> £4,800	<input type="checkbox"/> £5,400
£5,000,000	<input type="checkbox"/> £6,000	<input type="checkbox"/> £6,600	<input type="checkbox"/> £7,200	<input type="checkbox"/> £7,800	<input type="checkbox"/> £8,400	<input type="checkbox"/> £9,000

About these premiums

Please note these premiums only apply if you comply with the statement of fact shown below.

These premiums change from time to time. Please check you are using the latest version of this form.

The premiums shown above do not include Insurance Premium Tax, which we will add at the current rate. Your insurance adviser will be able to confirm the current rate of Insurance Premium Tax.

Statement of fact

- a) Human resource or legal advisors are consulted for advice prior to any employee dismissals
- b) Written employment and grievance policies are given to all employees
- c) You have not had any redundancies in the last 6 months
- d) You are not currently planning any redundancies
- e) Other than partners/owners, dual controls exist on signing cheques above £2,500 and issuing instructions for disbursement of assets or funds
- f) You have not had any claims or investigations (other than routine inspections) in the last 5 years
- g) After full enquiry, you are not aware of any fact or circumstance which could lead to a claim under the proposed policy

Your excesses

section	your excess
Sole Practitioners'/Partners'/Directors' & officers' liability section	£Nil
Employment practices liability section	£3,750 each and every claim including defence costs. The excess will not apply where the advice of Lockhart's Solicitors is followed for any matter that may lead to a claim.
Sole Practitioners'/Partners'/ Company legal liability section	£Nil for all claims other than employee dishonesty claims £2,500 each and every claim

3 Declaration

If you have not given full and true answers to all questions asked on this proposal form, your insurance may not protect you in the event of a claim.

Before signing the declaration, please read the following Data Protection notice

AXA Insurance UK plc is a member of the AXA Group. In order to supply your quote and then to administer your insurance policy, we will hold and use information including sensitive personal data and claims information you provide and may send it in confidence for secure processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European economic area.

Please read this declaration carefully and then sign below

- I/We agree that the policy, the policy schedule and this proposal form and any additional information given will be the basis of the contract between me/us and AXA Insurance UK plc.
- I/We understand that all relevant information, which is information that may influence AXA Insurance UK plc in the acceptance of this insurance and the terms provided, has been disclosed and recorded.
- I/We declare that all particulars given in this proposal form whether made by me/us or on my/our behalf are true and complete.
- I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.
- I/We will tell you of any change to the details given before the start date of the contract.
- I/We confirm that my company/organisation complies with the statement of fact.

Yes

Signature of Sole Practitioner/Partner/Director

x

Name

Position in company

Date

D	D	M	M	Y	Y
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AXA Insurance UK plc may occasionally contact you with details of our other products and services. If you do not wish to receive this information from AXA Insurance UK plc, tick this box.

We may provide information supplied by you to selected third parties, who may contact you in relation to the provision of insurance-related services. If you do not wish us to provide your details to third parties, tick this box.

Agent name and address

This document is available in other formats.

If you would like a Braille, large print or audio version, please contact your insurance adviser.

www.axa.co.uk

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