Medical & Commercial International

Hospital Medical Malpractice Proposal Form

Tel: +44 (0)20 3023 3210 Website: www.mciuw.com

Section 1 - Entity Details

1.1	Name of Organisation:	
	Trading name (if different):	
	Contact tel:	Contact email:
	Date established:	Web address:
	Registration date:	Registration type:

1.2	**Principal address**	**Registered address (if different)**
	Line 1:	Line 1:
	Line 2:	Line 2:
	Line 3:	Line 3:
	Town:	Town:
	County:	County:
	Country:	Country:
	Postcode:	Postcode:

Please fill in blank page at the back of this proposal form for additional locations

1.3	Type of organisation:						
1.4	Tax status:	☐	For profit	☐	Not for profit	☐ Public	☐ Government Entity
1.5	List of professional bodies/associations/regulatory bodies with whom you hold a license /membership						
1.6	Have you ever had any disputes/conditions/orders placed on you by a regulatory body following an inspection						Yes / No
	if "Yes" please provide details:						

Section 2 - Exposure details

		Past Financial Year	Current Financial Year	Next Financial Year
2.1	**Financial**			
	Gross revenue			
	Profit/Loss			
	Net Cash			
	Wageroll			
2.2	**Beds**			
	Admitted			
	Day-care			
	Total			
	% Occupancy	%	%	%
	Below bed sub section to be included in above total			
	Bassinets			
	ICU			
	Obstetrics			
	Psychiatric (non-sectioned)			
	Psychiatric (sectioned)			
2.3	**Patient visits**			
	Admitted inpatients			
	Outpatients			
	A&E			
	Inpatient surgeries			
	Outpatient surgeries			
2.4	**Theatres**			

2.5

Obstetrics/Gynaecology If "No" move to question 2.6			Yes / No
	Past Financial Year	Current Financial Year	Next Financial Year
Births Vaginal			
Births caesarean			
Births VBAC			

% of births tested for cord blood pH post delivery?	%
Do you have a procedure for foetal scalp pH testing?	Yes / No
If "Yes" how often was it used last year?	
Do you have a hypothermic therapeutic (TTM) system?	Yes / No
When is it used?	
Do you link it to cord blood pH tests?	Yes / No
How often was it used last year?	
Is an attending Obstetrician required to review foetal monitor strips periodically during labour or delivery?	Yes / No
Is continuous foetal monitoring used during labour	Yes / No
Do you have a system for remote foetal monitoring?	Yes / No
How easy is it to engage an Obstetrician remotely?	
Is an Obstetrician available in house 24 hours per day?	Yes / No
Can caesarean sections be performed within 30 minutes 24 hours per day?	Yes / No

2.6

Assisted Conception (IVF) If "No" move to question 2.7			Yes / No
	Past Financial Year	Current Financial Year	Next Financial Year
Number of cycles			
Maximum number of embryo's per cycle?			
Are eggs and sperm donors screened, quarantined and cryopreserved in line with HFEA or similar regulatory codes of practice?			Yes / No
Is screening performed in-house or by 3rd party?			

2.7

Clinical Trials. If "No" move to question 2.8					Yes / No	
	Past Financial Year		Current Financial Year		Next Financial Year	
	Number of trials	Subject numbers	Number of trials	Subject numbers	Number of trials	Subject numbers
First in man						
Phase 1						
Phase 2						
Phase 3						
Phase 4						
Bioequivalence						
Do all trial subjects sign an informed consent form?					Yes / No	

2.8

Surgery	Yes / No
Do you offer bariatric surgery?	Yes / No
Can a House officer/resident perform surgery without being under supervision by attending surgeon?	Yes / No
Do you do the following?	
Surgical checklist	Yes / No
simulation training	Yes / No
manual sponge and instrument count?	Yes / No

Section 3- Medical Staff

Please indicate full time equivalent and if medical staff have their own medical malpractice cover, "Yes" or "No".

Doctors	Employed		Non-employed		Surgeons	Employed		Non-employed	
	Yes	No	Yes	No		Yes	No	Yes	No
Accident and emergency					Abdominal				
Allergology					Cardiologist/Thoracic				
Anaesthesiology					Colon and rectal				
Cardiovascular Disease					ENT/Otorhinolaryngology				
Chiropractor					Gastroenterology				
Colonoscopy					General				
Dermatology					Gynaecologic				
Diabetes					Maxillofacial				
Endocrinology					Neonatology				
ENT/Otorhinolaryngology					Neurosurgical				
Gastroenterology					Obstetrics				
General Practice					Orthopaedic (non-spinal)				
Geriatrics					Orthopaedic (spinal)				
Gynaecology					Paediatric				
Haematology					Perinatology				
Hospitalist/SHO					Plastic				
Infectious Disease					Transplant				
Intensive Care Medicine					Traumatic				
Lymphangiography					Urologic				
Neonatology					Vascular				
Neurology					Other				
Neuro-psychiatry					Other				
Nuclear Medicine					**Other Medical Staff**				
Occupational Medicine									
Oncology					Acupuncture				
Ophthalmology					Complimentary				
Paediatrics					Counsellor				
Pathology					Dental				
Perinatology					Lab technicians				
Pharmacology					Nurse Midwives				
Podiatric Medicine					Nurse Practitioners				
Psychiatrist					Optometrist				
Radiologist					Paramedics				
Urology					Pharmacists				
Venereology					Physiotherapist				
Other					Psychologist				
Other					Registered Nurses				
Other					Other				
Other					Other				

Section 4 - Risk management

1. Do you have a complaints system and nominated complaints manager?	Yes / No
2. Do you have a reliable method for recording and passing on messages?	Yes / No
3. Do you have a system of peer review in place to monitor standards of patient note taking?	Yes / No
4. Do you have a reliable method for making sure that the results of tests and investigations are received and communicated to patients?	Yes / No
5. Do you have a system for reviewing repeat prescriptions	Yes / No
6. Do you have a written procedure for recording/reporting and investigating events with adverse outcomes or the potential for an adverse outcome?	Yes / No
8. Do you have a documented informed consent procedure?	Yes / No
9. Do all staff fully understand the concepts of informed consent?	Yes / No
10. Do you have a policy for managing difficult patients?	Yes / No
11. Are all staff vaccinated against Hepatitis B and is this monitored appropriately?	Yes / No
12. Does the practice have a system to ensure that patients on medication requiring monitoring are identified and treated properly?	Yes / No
13. Do you require that all medical staff are registered and/or licensed with the relevant regulatory body?	Yes / No
14. Do you require that all medical staff are re-credentialed annually?	Yes / No
15. Do you require all employed medical staff to carry their own medical insurance?	Yes / No
If "Yes" what minimum limit do you require?	
16. Do you require all non-employed medical staff to carry their own medical insurance?	Yes / No
If "Yes" what minimum limit do you require?	
17. Do you require that all medical staff provide evidence of insurance cover on an annual basis?	Yes / No
18. How long are medical records kept from the date of treatment?	

Section 5 - Previous Insurance Details and Claims History

1. Have you had insurance before	Yes / No

2. Please give full details of your previous medical malpractice indemnity cover. Provide 10 years history or since trading if later:

Insurer/MDO	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Limit of indemnity	Excess	Premium

3. Have there been any gaps in your medical indemnity during the last ten years? If you have answered "Yes" please confirm the dates and the reason for any gap below.	Yes / No
4. Are you aware of any complaints and/or claims that have ever been brought or threatened against you, and/or any circumstances which could lead to a complaint and/or claim against you? If "yes" please provide full details below or use the claims history template addendum	Yes / No
5. Please confirm all of the above claims, complaints, circumstances been made and accepted by your previous medical indemnity providers	Yes / No
6. Has any medical indemnity insurer/Medical Defence Organisation ever:	
Declined to insure you?	Yes / No
Imposed special conditions	Yes / No
Declined to renew/cancelled your insurance?	Yes / No

Section 6 - Indemnity Requirements

1. Please advise the date that cover is first required:	
2. Was previous cover on a claims made basis?	Yes / No
If "Yes" what retroactive date is required?	
3. Please indicate the limit of indemnity now required?	

Section 7 - Declaration

I/We declare that after full investigation I/we are unaware of any claims and/or circumstances that could give rise to a claim, other than those already declared in the proposal

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director: _____

Date: _____

Print Name: _____

Position: _____

Please use this page for any additional information requested in the proposal form or that Insurers might otherwise need to be made aware of.