

## Medical Professional Liability Insurance For Canadian Private Healthcare Providers Application Form

**NOTE TO PERSON COMPLETING THIS FORM:** THIS APPLICATION FORM IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY INSURERS TO DETERMINE WHETHER TO PROVIDE COVERAGE, AND IF SO ON WITH WHAT TERMS, CONDITIONS, LIMITATIONS & EXCLUSIONS. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE AND CORRECT. THIS APPLICATION FORM WILL BECOME PART OF THE INSURANCE POLICY.

**Please provide a copy of the PROPOSER's latest financial report and accounts with this application form (or business plan financials if newly established).**

Please use additional pages where necessary to provide complete responses.

“**PROPOSER**” means the company, partnership, not for profit organization or other legal entity proposing for this insurance.

This application form must be completed in ink, signed and dated by an **OFFICER** of the **PROPOSER**.

“**OFFICER**” means any main board director, general counsel or partner. This definition extends to include additionally:-

- (a) The member of any board that has a relevance to handling complaints, or the purchase of insurance or management of insurance claims; and/or
- (b) Any other person who fulfils an insurance related role that is commensurate to that undertaken.

All questions must be answered and where appropriate “Not Applicable” or “N/A” specified. The completed application form along with all additional information provided will form part of the contract of insurance with Insurers. All facts material to the proposed insurance must be disclosed fully and truthfully and to the best of the **PROPOSER's** knowledge and belief whether or not they are the subject of a specific question herein. In addition to the information contained in the application form including all supporting documentation, if the **PROPOSER** is aware of any other information which it considers may alter, influence or prejudice the Insurer's appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

It is agreed by the **PROPOSER** that Insurers may provide confidential information to third parties but solely for purposes in connection with or relating to this policy. Please see the “Notice Concerning Personal Information” on the last page of this Application Form for more specific information.

**This is a “Claims made” Insurance Proposal.**

This insurance is underwritten on a “claims made” basis, which means that if a claim is made against the **PROPOSER** then the **PROPOSER MUST** have a current policy in force. Any claims brought against the **PROPOSER** after the expiry of the policy period (or any specific extended reporting period) will **NOT** be covered.

Coverholder at **LLOYD'S**

1.

(a) (i) Please provide the full name of the **PROPOSER** (including all entities requiring coverage):-

(ii) Please advise who the shareholders of the **PROPOSER** are, including shareholding proportion for each:-

(b) Date established:-

(c) Principal address:-

(d) Any other operating address(es):-

(e) Website address:-

(It is understood and agreed that material in the **PROPOSER**'s website is not deemed to form part of this application form apart from any information attached in hard copy to this form)

(f) Is the **PROPOSER** or any Principal, Partner, Trustee or Director of the **PROPOSER**'s business connected or associated (financially or otherwise) with any other organisation with which the **PROPOSER** undertakes business? **YES/NO**

If **YES**, please provide details including what work is undertaken for and/or on behalf of such organisation:-

2.

(a) Please provide a full description of the **PROPOSER**'s activities (including any activities undertaken in the last six years not currently undertaken and any new activities planned for the next twelve months):-

(b) Please provide a regional percentage split of gross revenue as follows:-

	Place of Treatment	Patient Domiciled In
(i) Canada	%	%
(ii) USA	%	%
(iii) Elsewhere (Specify)	%	%
(iv) <b>TOTAL</b>	<b>100%</b>	<b>100%</b>

(c) Please detail the current number of medically qualified staff for each general category as detailed in the table below. The definition for each type is as follows (please use the most appropriate definition):-

- A. **EMPLOYED** – Any professional working under a contract of service solely for the **PROPOSER** (under a traditional Workers’ Compensation Scheme, PAYE or similar arrangement);
- B. **FREE SERVICE / SELF-EMPLOYED** – Any independent professional working under a third party services agreement with the **PROPOSER**. Such Individual may undertake work separately and elsewhere for other medical entities;
- C. **CONTRACTED STAFF** – Any professional working for the **PROPOSER** within a pre-agreed timescale and under “project” terms of engagement. Such professionals are often contracted as a group. Examples include public sector staff contracted to a private clinic or agency staff under a corporate contract.

REGISTERED MEDICAL PRACTITIONER*	A. EMPLOYED	B. FREE SERVICE / SELF-EMPLOYED	C. CONTRACTED STAFF	TOTAL A + B + C
Consultants				
Anaesthetists				
Doctors (General Practice)				
Resident Medical Officers				
Opticians & Optometrists				
Dentists				
Radiographers / Sonographers				
Chiropractors & Osteopaths				
Nurses				
Resident Medical Officers				
Pharmacists				
Physiotherapists				
Midwives				
Psychologists / Psychotherapists				
Ambulance Staff / Paramedics				
Others (please define)				
<b>TOTAL</b>				

\*“REGISTERED MEDICAL PRACTITIONER” means any individual healthcare practitioner that undertakes a Regulated Healthcare Activity.

“REGULATED HEALTHCARE ACTIVITY” means any healthcare related activity undertaken by an individual that is legally required in Canada to both be licensed and to have insurance or indemnity protection to perform such activities.

Insurers normally expect that the all practitioners detailed in Table 2(c) maintain personal indemnity or assistance under a contract of insurance, medical defense organization protection (e.g. membership cover provided by the Canadian Medical Protective Association) or other such vehicle to provide coverage. However, if this is not the case, please detail below the name and details of any individual requiring cover under this insurance proposal.

Please detail below any Registered Medical Practitioner requiring cover hereunder.

Practitioner Name	Medical Specialty	Reason For Not Having Cover elsewhere	Status (Employed, Free-Service or Contracted – per definitions listed in 2 (c))

3. Does the **PROPOSER** undertake any of the following activities that require cover hereunder?

- |   |        |
|---|--------|
| (i) Elective Cosmetic treatments?   | YES/NO |
| (ii) Bariatric Surgery for the purpose of causing weight loss to a patient? | YES/NO |
| (iii) Neuro-Surgery involving the spine or the brain?                       | YES/NO |
| (iv) Fetal Medicine / Pregnancy Ultrasound Scans?                           | YES/NO |
| (v) Fertility?  | YES/NO |
| (vi) Birthing?  | YES/NO |
| (vii) Remote Patient Consultations?   | YES/NO |

If **YES** to any of the above please advise the extent of such treatments including the average number of patients in a year, the general types of surgery or treatments performed and the proportion of revenue attributed to these activities:-

4.

- (a) (i) When is the **PROPOSER's** Financial Year End?:-  
(ii) Please provide the following information for each of the last two full financial years and the current incomplete financial year. If any questions are not applicable to this proposal please answer with "N/A":-

Financial Information: Should Be Detailed In Canadian Dollars	Annualised Estimate For Current Financial Year	Last Full Financial Year	Previous Full Financial Year
<b>FINANCIAL</b>			
(i) Gross Revenue			
(ii) Wage Roll			
(iii) Net Profit (After Taxes)			
<b>OTHER INFORMATION</b>			
(iv) No of Beds			
(v) Average Bed Occupancy (%)			
(vi) No of Operating Theatres			
(vii) No of Operations Under General Anaesthetic			
(viii) No of Operations Under Local Anaesthetic			
<b>PATIENT NUMBERS</b>			
(ix) No of Patients Staying < 36 Hrs			
(x) No of Patients Staying > 36 Hrs			
(xi) No of Out Patients			
(xii) No of Readmissions Within 36 Hrs			

5. (a) (i) Please provide the current number of **REGISTERED MEDICAL PRACTITIONERS** (detailed in question 2 (c)) and surgical procedures for each of the following treatment categories as follows:-

Activity	A. Employed	B. Free Service/ Self- Employed	C. Contracted	No of Surgical Procedures A + B
Anatomy / Histology				
Anaesthesia / Resuscitation				
Cardiology				
General Surgery				
Elective Cosmetic Surgery				
Reconstructive/Remedial Cosmetic				
Dental				
Dermatology				
Diabetes				
Elderly Care				
Fertility				
Gastroenterology				
Gynaecology (Non-Births)				
Obstetrics (Births)				
HIV / Hepatitis / STD's				
Immunology / Transfusions				
Laboratory Analysis				
Minor Day Surgery				
General Medicine				
Microbiology & Virology				
Dialysis				
Neonatal				
Neurosurgery				
Neurology				
Nutrition / Slimming				
Oncology / Cancer Care				
Eye Treatment				
Orthopaedic / Traumatology				
Ear Nose & Throat (ENT)				
Paediatrics / Children				
Podiatry				
Psychiatry				
Radiography / X Ray				
Rehabilitation / Physiotherapy				
Urology				
Other (Please Specify)				
<b>TOTAL</b>				

(ii) Please advise what percentage of the revenue earned in the last full financial year was from each of the following:-

	PERCENTAGE
Public Funding	%
Private Insurance Schemes / Private Corporate	%
Private Individuals	%
Charitable Donations	%
Other (Please Advise)	%
<b>TOTAL</b>	100%

(b) Is the **PROPOSER** currently insured for Medical Malpractice Insurance? YES/NO

If **YES** please provide details as follows (including answers to (i) and (ii) below):-

Insurer	Expiry Date	Limit	Excess	Retro-Active Date	Premium

(i) Has the **PROPOSER** been continuously insured since the Retro-Active Date detailed above?

YES/NO

If **NO** please detail the date such insurance has continuously been purchased:-

(ii) Does this current policy have a Discovery Period or Extended Reporting Period in the event that the policy is not renewed? YES/NO

If **YES**, how long is this Discovery Period or Extended Reporting Period?

(c) Has the **PROPOSER** ever been refused similar insurance, or had any policy cancelled or voided at any time? YES/NO

If **YES**, please provide full details:-

6.

(a) (i) Does the **PROPOSER** have an internal risk management process in place to record, check and verify the most up to date relevant insurance policy (or medical defense organization membership details) for each **REGISTERED MEDICAL PRACTITIONER** (including Run-Off for **REGISTERED MEDICAL PRACTITIONERS** used in the past)? YES/NO

If **NO**, please advise under what circumstances this would not happen:-

- (ii) Does the **PROPOSER** ensure that all **REGISTERED MEDICAL PRACTITIONERS** maintain a license approved by the Government Medical Health Department or other applicable licensing and registration body?  
**YES/NO**

If **NO**, please advise under what circumstances this would not happen:-

- (b) Does the **PROPOSER** obtain satisfactory written references for all medical practitioners prior to employing them or allowing them to use its premises?  
**YES/NO**

If **NO** please advise why and when this would not happen:-

- (c) Can the **PROPOSER** confirm that none of the Medical Practitioners working on its premises are:-  
(i) Under disciplinary review by any Medical Institute or relevant Professional Body or involved in any civil or administrative proceeding regarding malpractice?  
**YES/NO**

And:-

- (ii) None have been convicted for any felony or criminal offence, or are currently involved with a criminal proceeding of any kind?  
**YES/NO**

If **NO** to (i) or (ii) above please provide full details:-

- (d) Has the **PROPOSER** been audited within the last three years by a regulatory body?  
**YES/NO**  
If **YES**, was the audit successful, with no significant recommendations made?  
**YES/NO**  
If **NO**, please advise what the significant recommendations were and whether they have been satisfactorily instigated:-

- (e) Does the **PROPOSER**  
(i) Use best endeavours to ensure that it adheres to the record keeping guidelines established by the most applicable industry regulator.  
**YES/NO**  
(ii) Use best endeavours to ensure that accurate descriptive records of all consultations and procedures are maintained, preserved and not in any way destroyed or otherwise disposed of for a minimum period of:-

16 years from the date of the consultation and/or procedure for any patient over the age of 18;

16 years for any patient under the age of 18, after such minor attains majority age.

Notwithstanding the above, indefinitely for any obstetrics or mental health related records.

**YES/NO**

If **NO** to (i) or (ii) above please provide full details:-

- (f) Does the **PROPOSER** ensure that all treatment to patients under the age of consent is only undertaken with the consent of the relevant parent or legal guardian?  
**YES/NO**  
If **NO**, please provide full details when this does not happen:-

- (g) Does the **PROPOSER** ensure that in all reasonable instances an informed consent is obtained from the patient in writing before any surgical procedure is undertaken?  
**YES/NO**  
If **NO**, please advise when such consent would not be obtained.



7.

Medical Malpractice Insurance is underwritten on a 'claims made' basis and the Insurer will exclude any claim and/or circumstance reasonably expected to give rise to a claim, which is known by the **PROPOSER(s)** prior to the inception date of the policy.

**Please provide answers to the following questions after making full enquiry of all Principals, Partners, Trustees, Directors and Employees.**

- (a) Have any professional negligence, breach of professional duty or other medical malpractice claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (b) Have any claims for dishonesty ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER** whether successful or otherwise? **YES/NO**
- (c) Have any regulatory, disciplinary or criminal proceedings or investigations ever been made or undertaken against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER** (**please include any Coroner Inquest or Inquiry within this question**)? **YES/NO**
- (d) Has the **PROPOSER** ever recalled a group of patients following an order or direction from a healthcare regulator, or due to concerns raised against a **REGISTERED MEDICAL PRACTITIONER**? **YES/NO**
- (e) Has the **PROPOSER** or any Director, Partner, Trustee or employee of the **PROPOSER** ever had a document relating to the **PROPOSER's** activities unintentionally destroyed, damaged, lost or mislaid? **YES/NO**
- (f) Has the **PROPOSER** ever suffered any losses due to dishonesty of any Director, Partner, Trustee or employee, or any other person or organisation? **YES/NO**
- (g) Have any libel or slander claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (h) Have any breach of data claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (i) Have any infringement of copyright claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (j) Have any breach of confidentiality claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (k) Have any sexual harassment and/or abuse claims ever been made against the **PROPOSER** or against any Director, Partner, Trustee or employee of the **PROPOSER**, whether successful or otherwise? **YES/NO**
- (l) After full enquiry is the **PROPOSER** or any Director, Partner or employee of the **PROPOSER** aware of any circumstances relating to the questions 7(a) to 7(k) above which may give rise to a potential claim or request for indemnity under the medical malpractice policy? **YES/NO**

If the answer to any of question 7 YES (for any of the last six years), please provide full details below:-

#### 8. Declaration

I/We declare that the above answers, statements, particulars and additional information are true to the very best of the knowledge and belief of the **PROPOSER**. After full enquiry, I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the policy. I/We understand that all answers, statements, particulars and additional information supplied with this proposal form will become part of and form the basis of the policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

For and/on behalf of the PROPOSER \_\_\_\_\_

Name in capital letters (Printed) \_\_\_\_\_

**Following the commencement of this contract of insurance, the PROPOSER must advise Insurers as soon as practicable, and as a matter of urgency, of any changes to the original information provided to Insurers when the Application Form was originally submitted to Insurers. Such information must include anything which it considers may alter, influence or prejudice the Insurer's appraisal of the risk being covered hereunder. Failure to disclose such new or amended information may prejudice the PROPOSER'S position in the event of notification of a Claim under this policy.**

## NOTICE CONCERNING PERSONAL INFORMATION

### How we use your information

By purchasing insurance from certain Underwriters at Lloyd's, London ("Lloyd's"), a customer provides Lloyd's with his or her consent to the collection, use and disclosure of personal information. Consent is subject to the customer's understanding of the nature, purpose and consequences of the collection, use or disclosure of their personal information.

Information is collected and stored for the following purposes:

- the communication with Lloyd's policyholders
- the underwriting of policies
- the evaluation of claims
- the analysis of business results
- purposes required or authorized by law

### What personal information we collect about you

We collect, process and store the following personal information about you:

- Name
- Address including postal code and country
- Policy number
- Claim number
- Credit card details
- Bank account details

We also collect information about you when you visit [www.lloyds.com](http://www.lloyds.com). Further details can be found on our online Privacy & Cookies policy at <http://www.lloyds.com/common/privacy-notices>.

We will not use your personal information for marketing purposes and we will not sell your personal information to other parties.

### Who we disclose your information to

For the purposes identified, personal information may be disclosed to Lloyd's related or affiliated organisations or companies, their agents/mandataires, and to certain non-related or unaffiliated organisations or companies, including service providers.

These entities may be located outside Canada therefore a customer's information may be processed in a foreign jurisdiction (the United Kingdom and the European Union) and their information may be accessible to law enforcement and national security authorities of that jurisdiction.

### Disclosure without consent

The following are reasonable grounds to permit the disclosure of personal information without the knowledge or consent of a customer:

- Detecting or suppressing fraud
- Investigating or preventing financial abuse
- For communication with the next to kin or authorized representative of an injured, ill or deceased individual
- Investigating a breach of an agreement or a contravention of the laws of Canada or a foreign jurisdiction
- Witness statement necessary to assess, process or settle insurance claims
- Information produced in the course of employment and the disclosure is consistent with the purpose it was produced for

### How to access your information and/or contact us

To access and request correction or deletion of your information, or to obtain written information about Lloyd's policies and practices in respect of service providers located outside Canada, please contact the Ombudsman at [info@lloyds.ca](mailto:info@lloyds.ca). The Ombudsman will also answer customer's questions about the collection, use, disclosure or storage of their personal information by such Lloyd's service providers.

Further information about Lloyd's personal information protection policy may be obtained from the customer's broker or by contacting Lloyd's on: 514 861 8361, 1 877 455 6937, or through [info@lloyds.ca](mailto:info@lloyds.ca).