

Which sections should you complete?

Section	Title	Should you complete it?
1.	You/your organisation	You must complete this section
2.	Air ambulance risks	Optional – please complete this section if your organisation operates an air ambulance
3.	Your liabilities	Optional – please complete this section if your organisation requires liability insurance
4.	Additional covers	Optional – please complete this section if your organisation requires the additional covers offered
5.	Claims	You must complete this section
6.	Declaration	You must complete this section

This proposal form

The purpose of this proposal form is for us to find out who you are and what you do with a view to making a proposal for Kerry London private ambulances medical malpractice insurance. It does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your proposal for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed.

If a contract of insurance is agreed between us this proposal form, and all other information given to us by you or anyone on your behalf, whether it is written, verbal or otherwise, will form the basis of the contract.

Whoever signs this form must be a director, officer, board member or senior manager of the proposer and must make all the necessary enquiries of their fellow directors, officers, board members, senior managers and employees to enable all the questions to be answered completely, accurately and clearly.

In deciding whether to accept the insurance and in setting the terms and premium, we have relied on the information you have given us.

You must:

- give a fair presentation of the risk to be insured by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this insurance, know or ought to know following a reasonable search;

take care by ensuring that all information provided is correct, accurate and complete.

**Section 1 –
Your/your
organisation**

This insurance is designed for private ambulance companies registered and domiciled in the United Kingdom.

You must complete this section.

1.1 General information

Company and/or individual name:

Business address:

Secondary risk address (if required):

Year business established:

1.2 Total income

	Last completed financial year	Current year
UK law contracts	£	£
EU law contracts	£	£
US law contracts	£	£
Other law contracts	£	£

1.3 Business activities

Please provide a breakdown of the type of business:

	%
Routine transfers of non-psychiatric patients	
Transfers of psychiatric patients	
High dependency transfers	
Accident and emergency transfers	
Accident and emergency discharge services	
Provision of emergency response units	
Provision of major incident support	
Non-urgent transfers of specimens, tissue and blood	
Urgent transfers of specimens, tissue and blood	
Transfers of organs	
First aid and manual handling training, including lifting and hoisting	
Provision of ambulance cover at public events excluding equestrian , feats of endurance, speeds exceeding 30mph, height or water	
Provision of ambulance cover at public events including equestrian , feats of endurance , speeds exceeding 30mph, height or water	
Air ambulance repatriation - please complete section 2	
General attendance at conferences and exhibitions	
Transfer of bariatric patients	
Other please specify	

1.4 Changes to business activities

Do you expect any significant changes to these business activities in the next 12 months?

Yes No

If Yes, please provide further details:

1.5 Special Care units

Do you provide any special care units within the ambulance, for example, any DNAR or any burn, cardiac, brain injury or neonatal units?

Yes No

If Yes, please provide further details:

1.6 Professional or Elite Sportspersons

Do you provide any medical cover for any events where the event in question involves any Professional or Elite Sportspersons?

Yes No

If yes, is this under the supervision of an on-site or team doctor?

Yes No

1.7 Your experience

Please confirm that one or more of the principals has at least five years' experience in the business activities identified above?
If No, please provide CV's for all principles.

Yes No

1.8 Professional persons

Please indicate the numbers of the following professionals involved :

Paramedics	
First aiders	
Ambulance technicians	
Emergency Medical Technicians	
Other please specify:	

1.9 Qualifications

What qualifications are held by the individuals indicated in section 1.8?

1.10 DBS checks

Do you always undertake DBS for all employees, volunteers and sub-contractors?

Yes No

If No, please give details:

N/A



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1.11 Records

Please confirm that all records, to date, and in the future will be maintained for at least ten years?

Yes No

If No, please provide further details:

1.12 Cover requirements

Limit of indemnity required: £1,000,000 £2,000,000 £3,000,000

£5,000,000 £10,000,000 Other

1.13 Previous insurance history

Do you carry, or have you carried, malpractice insurance in the last 12 months? If Yes, please state:

Yes No

Insurer:

Current limit of indemnity purchased:

Excess under current policy:

Premium being paid:

Has the previous policy been on a claims made basis? Yes No

If Yes, what is the retroactive date?

Has any insurer ever cancelled your medical malpractice/professional indemnity policy, declined/refused to renew, or only accepted the risk at special terms?

Yes No

If Yes, please give details:

Section 2 – Air ambulance risks

Optional – only complete this section if you/your organisation operates an air ambulance.

2.1 Transportation Do you arrange the transportation and repatriation? Yes No
If No, are you contracted just to perform the medical back up? Yes No

2.2 Responsibility When does your responsibility for the transportation begin and end?

2.3 Medical staff used What medical staff would be used in repatriation?

2.4 Registration and insurance Are all registered medical practitioners members of a medical defense organisation, or otherwise fully Insured for their own malpractice, and do you retain records to ensure this? Yes No
If No, please give details:

2.5 Jurisdiction Do you accept liability other than under the jurisdiction of the UK courts? Yes No
If No, please give details:

2.6 Countries of operation In which countries do you work?

Section 3 – Your liabilities

Optional – only complete this section if you/your organisation require liability insurance.

3.1 Cover

Liabilities – only available if medical malpractice is selected.			
Cover	Select if required	Limit of Indemnity	Excess
Employers' liability	<input type="checkbox"/>	£10 million	nil
Public and products liability	<input type="checkbox"/>	£1 million	£250
	<input type="checkbox"/>	£2 million	£250
	<input type="checkbox"/>	£5 million	£250
	<input type="checkbox"/>	£10 million	£250
Commercial legal protection	<input type="checkbox"/>	£100,000	£200

3.2 Your Activities

Do you undertake any work in or on any blast furnace, chimney, wall shaft, viaduct, bridge, mine, refinery, off-shore installation, power station, dam, tunnel, airport, aerodrome, dock, wharf, pier, harbour, railway, motorway, ship, aircraft tower or steeple?

Yes No

Do you undertake any work in or on water or underground?

Yes No

Do you undertake any work more than three metres from ground level when outside a building or structure or three metres from floor level when inside a building or structure?

Yes No

If you have ticked 'yes' to any of the questions above, please provide details below

3.3 Annual Wageroll

What is your estimated wageroll for the forthcoming year?

£

What is the annual amount spent on labour only subcontractors?

£

What is the annual number of volunteer hours?

3.4 ELTO

Employer's Reference Number (if applicable)

You must provide the HMRC ERN if you require employers' liability insurance to cover an employer in England, Scotland, Wales or Northern Ireland. This is mandatory information that we will provide to the Employers' Liability Tracing Office (ELTO).

If your business does not have an HMRC Employers' Reference Number (ERN), please confirm the reason for this from the following:

- All employees earn less than the PAYE threshold
- The business is registered in Jersey or Guernsey
- The business does not have any employees

3.5 Personal accident

Do you require personal accident cover?

Benefit amount	Select if required
£10,000	<input type="checkbox"/>
£25,000	<input type="checkbox"/>
£50,000	<input type="checkbox"/>



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If you have selected to take personal accident cover please provide names for all persons to be insured:

Number of persons to be insured (total number of employees including partners and directors)

Is any person to be insured aged 70 years or older at the start of the period of insurance?

Yes No

Does any person to be insured suffer from any pre-existing medical condition for which medical advice or treatment has been required in the last two years?

Yes No

If you have ticked 'yes' to either of the two questions above, please provide details below

**Section 4 –
Additional covers**

Optional – only complete this section if you/your organisation require property insurance.

4.1 Property damage

Property		
Cover	Sum insured at primary address	Sum insured at secondary risk address
General office contents, fixtures and fittings	£	£
Tenant's improvements	£	£
Computers, laptops and mobile phones at the business premises	£	£
Documents	£	£
Portable equipment anywhere in the UK	£	£

Excess applicable for the above covers is £250 as standard for each and every loss

4.2 Business interruption

Cover	Sum insured required
Loss of income (including increased cost of working) – Must be full income	£
Increased cost of working	£
Additional increased cost of working	£
Outstanding debts	£

The indemnity period for the above covers is 12 months as standard

4.3 Business premises

- Are your business premises occupied solely by you for the purposes of the business or with an element of residential accommodation Yes No
- Are your business premises ever left unoccupied for more than 30 consecutive days? Yes No
- Are your business premises heated with conventional electric, gas, oil or solid fuel central heating systems? Yes No
- Is the fixed electrical wiring at your business premises inspected at least every five years by a qualified electrician and any defects remedied accordingly? Yes No
- Has a fire risk assessment been undertaken for your business premises? Yes No
- Are all lifts, boilers, steam and pressure vessels at your business premises inspected and approved to comply with all statutory requirements? Yes No

4.4 Premises construction

- Are your premises solely constructed with external walls of brick, stone or concrete and roofed with slates, tiles or profile metal? Yes No
- What percentage of your roof area is flat?
 %

Section 5 – Claims You must complete this section.

Please complete the claims questions for any risk now to be insured under the following insurance covers.

5.1 Shortcomings in your work Are you aware, after enquiry, of any fact, circumstance, incident, injury, illness or escalating level of complaint which may give rise to a claim? Yes No

5.2 Convictions Have you been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974? Yes No

5.3 Bankruptcy/insolvency Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt either in a personal capacity or as a business, other than a cancelled or discharged bankruptcy? Yes No

If you answered Yes to any of the above, please provide full details:

5.4 Previous claims experience Within the last five years:
 a. have you made any claims or suffered any losses in respect of damage to your own property;
 b. has any claim, whether successful or not, been made against you or your predecessors in business, or any past or present partner, principal, director or employee? Yes No

If Yes, please provide full details below:

Date	Details	Amount

Please continue on a separate sheet if necessary.

5.5 Commercial legal protection Have you made any previous claims for Commercial legal protection? Yes No

If Yes, please provide full details below:

Date	Details	Amount

Please continue on a separate sheet if necessary.



**Section 6 –
Declaration**

You must complete this section.

Please read the declaration carefully and sign at the bottom.

6.1 Material information

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

6.2 Your information

By signing this proposal form, you consent to the Hiscox group of companies (collectively referred to as Hiscox) using the information we may hold about you or others related to your policy for the purposes of providing insurance and handling claims, if any, and to process sensitive personal information about you or others related to your policy where this is necessary (for example health information or criminal convictions). This may mean Hiscox has to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by Hiscox as set out above. The information provided will be treated in confidence and in compliance with all relevant regulation and legislation. You or others related to your policy may have the right to apply for a copy of this information (for which Hiscox may charge a small fee) and to have any inaccuracies corrected. For training and quality control purposes, telephone calls may be monitored or recorded.

6.3 Declaration

I /we confirm that the information given in this proposal form is correct, accurate and complete and I have made a fair presentation of the risk .

Name

Position within the company

Signature

Date

Please return this proposal form to Kerry London once it has been completed.

A copy of this proposal acceptance form and any other information supplied to us for the purposes of obtaining this insurance should be retained for your records.



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6.4 Complaints

Our aim is to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times we are committed to providing you with the highest standard of service. If you have any questions or concerns about the sale of your policy or the service offered by your broker, you should contact Kerry London Ltd.

Address:

Kerry London Ltd
132a St Albans Road
Watford
WD24 4AL

If you have any questions or concerns about the terms of your policy or the decisions regarding the settlement of a claim, please contact our Customer Relations team in writing at:

Hiscox Customer Relations
3rd Floor
Mallard House
Kings Pool
3 Peasholme Green
York

or by telephone on 01924 681 198

or by email at customer.relations@hiscox.com.

If you are dissatisfied with the final response from your broker or from Hiscox, you may have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk.

All sections of cover provided under this product are underwritten by Hiscox Underwriting Limited on behalf of Hiscox Insurance Company Limited