

Tender Document for Medical Malpractice Insurance for Clinics

1.1 Section 1 - Entity Details

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 2: Line 3: Town: County: Country: Postcode:	Line 1: Line 2: Line 3: Town: County: Country: Postcode:
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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
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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	%	%	%
	<i>Below bed sub section to be included in above total</i>			
	Bassinets			
	ICU			
	Obstetrics			
	Psychiatric (non-sectioned)			
	Psychiatric (sectioned)			
2.3	Patient visits			
	Admitted inpatients			
	Outpatients			
	A&E			
	Inpatient surgeries			
	Outpatient surgeries			
2.4				

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			
		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 the 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

	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									
Ophthalmology									
Paediatrics					Acupuncture				
Pathology					Complimentary				
Perinatology					Counsellor				
Pharmacology					Dental				
Podiatric Medicine					Lab technicians				
Psychiatrist					Nurse Midwives				
Radiologist					Nurse Practitioners				
Urology					Optometrist				
Venereology					Paramedics				
Other					Pharmacists				
Other					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 declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

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).

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.

