Application for Group Doctor Locum Insurance Scheme

IMPORTANT: Prior to completing the Application Form please note that failure to disclose material information i.e. information that would influence the acceptance of the risk and/or terms applied could invalidate your insurance. If you are in any doubt as to whether any information is material it should be disclosed. Please complete the following questions in block capitals. All information will be treated as private and confidential.

Contact Details

Please provide the details requested below of the individual who will be the administrative contact for the policy. By signing the section at the bottom of the page you confirm that you are authorised to enter into this contract on behalf of the Practice. A signature will also be required from a Partner of the Practice.

TITLE:	
FORENAMES:	
SURNAME:	
EMAIL ADDRESS:	
TELEPHONE NO:	
PRACTICE NAME:	
PRACTICE ADDRESS:	
POSTCODE:	

Please complete overleaf the members of the practice to be insured.

Doctor

Doctor Insurance Services

Doctor Insurance services is a trading name of Professional & Medical Insurance Solutions Ltd, an Appointed Representative of Allcover Insurance Brokers Ltd which is authorised and regulated by the Financial Conduct Authority. Professional & Medical Insurance Solutions Ltd is registered in England, no. 11367093, registered office 2nd Floor, 50 Fenchurch Street, London, EC3M 3JY.

Insured Members of the Practice

How many members of the Practice are to be Insured under the Scheme?

PLEASE LIST BELOW:

NAME	JOB TITLE	WEEKLY BENEFIT (£100 - £3,000) PLAN A (5th-26th Week)	PLAN B (27th-52nd Week)
	TOTAL WEEKLY BENEFIT*:	£	£

***Please note: the maximum weekly benefit we will pay out at any one time will be 50% of the Total Weekly Benefit under each Plan.**

Payment Details

Premiums are payable monthly by Direct Debit, please complete the attached mandate and return it with this form.

Declaration

Please read the declaration and insert the required signatures in the space provided.

I understand that this application is subject to acceptance by Chubb European Group SE (the Company) and that, if any of the Insured Persons listed are not regularly attending all of the usual duties of their Occupation on the effective date of the policy coverage hereby applied for will not commence for that individual until they resume their usual duties. I confirm at least 75% of the GPs within the practice are included within the Insured Members of the Practice. I have authority to deal with the Group Locum Insurance for the Practice and that, to the best of my knowledge and belief all the foregoing answers and information are true and I have not concealed or withheld anything which the Company ought to be made acquainted in order to assess the eligibility for insurance. I agree that these and all statements I have made, or shall make, to the Company in connection with this application shall be the basis of the contract of insurance.

SIGNED: **(Practice Manager)**	SIGNED: **(Practice Partner)**
PRINT NAME:	PRINT NAME:
DATE:	DATE:

Data Protection – Using your personal information

All the information We request is necessary to provide quotations, arrange insurance cover and for client relationship management. Personal information will only be used for general insurance purposes including offering renewal, arranging premium finance, research, statistical analysis and crime prevention. Arranging insurance may involve certain disclosures of personal information to insurers, agents and service providers, industry regulators and Our auditors. Information provided by you may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

We follow the Data Protection Act 1998 and undertake to comply with the Act, the General Data Protection Regulation and all subsequent data protection regulations in all Our dealings with Your personal data. If You would like further details about how We manage Your data and why We might share it for insurance purposes, please contact Us.

We would like to send you information about our own products and services that we believe may be of interest to you. We would do this by post, telephone or email. If you agree to being contacted in this way, please tick the relevant boxes.

POST ☐ TELEPHONE ☐ EMAIL ☐

Details of Our Privacy Notice are available on Our website at www.hurst-group.co.uk