|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Which sections should you complete?** | Section | | Title | Should you complete it? |
| 1. | | You/your organisation | **You must complete this section** |
| 2. | | Air repatriation | 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 | In deciding whether to accept the insurance and in setting the terms and premium, we rely on the information you give 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, yoursenior 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 – You/ 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 12 months | | Next 12 months | |
|  | Contracts subject to UK law | | | | | | | £ | | £ | |
|  | Contracts subject to EU law excluding UK | | | | | | | £ | | £ | |
|  | Contracts subject to US law | | | | | | | £ | | £ | |
|  | Contracts subject to other jurisdictions | | | | | | | £ | | £ | |
|  |  | | | | | | | | | | |
|  | Location of business income & activities  Have you ever or do you plan to: work or contract with; or make any payments to, any person, entity or organisation that is domiciled in or operates in any way from; or travel to the following countries,  ☐ No ☐ Yes, please select,  ☐ Afghanistan, ☐ Belarus, ☐ Cuba, ☐ Iran, ☐ Myanmar, ☐ North Korea, ☐ Russia, ☐ Syria, ☐ non-Government controlled areas of Ukraine, ☐ Venezuela | | | | | | | | | | |
| 1.3 Business activities | Please split your last completed year’s income approximately between the following business activities. If this proposal form is being completed on behalf of a new business, please split your estimated income for the forthcoming year. | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Patient transport services | Home to school | | | | | | | | | | % |
|  | Low dependency (routine) | | | | | | | | | | % |
|  | High dependency | | | | | | | | | | % |
|  | Accident and emergency transfers or discharge | | | | | | | | | | % |
|  | Bariatric | | | | | | | | | | % |
|  | Psychiatric | | | | | | | | | | % |
|  | Secure | | | | | | | | | | % |
|  | Organs, specimens, tissue and blood | | | | | | | | | | % |
|  | Medical/surgical teams and equipment | | | | | | | | | | % |
|  | Ground repatriation (UK ports only) | | | | | | | | | | % |
|  | Ground repatriation from within the UK, EEA or Switzerland | | | | | | | | | | % |
|  | Ground repatriation from outside the UK, EEA or Switzerland | | | | | | | | | | % |
|  | Air ambulance repatriation or escort | | | | | | | | | | % |
|  |  | | | | | | | | | |  |
| Events | First aid cover at public events | | | | | | | | | | % |
|  | Field hospitals at public events | | | | | | | | | | % |
|  | Nightclubs or night time economy | | | | | | | | | | % |
|  | Film and TV sets | | | | | | | | | | % |
| Emergency response  and primary care | Frontline 999 medical emergency response | | | | | | | | | | % |
| Air ambulance emergency response | | | | | | | | | | % |
|  | Major incident support | | | | | | | | | | % |
|  | Search and rescue | | | | | | | | | | % |
|  | Confined space rescue | | | | | | | | | | % |
|  | Provision of primary care services in GP surgeries, out-of-hours services, walk-in centres, home visits, or similar | | | | | | | | | | % |
|  | On-site medics at hazardous locations (e.g. offshore platforms, construction sites, quarries, mines, heavy industry) | | | | | | | | | | % |
|  | Provision of services related to maternity; surgical operating theatres; 111 helplines; telephone triage; or prisons | | | | | | | | | | % |
|  |  | | | | | | | | | |  |
| Training | External training (e.g. first aid, manual handling, health and safety) | | | | | | | | | | % |
|  |  | | | | | | | | | |  |
| Other | Other activities | | | | | | | | | | % |
|  | Please describe: | | | | | | | | | |  |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | |  |
| 1.4 Your experience | Please confirm that one or more of the principals has at least five years’ experience in one or more of the business activities identified above? | | | | | | | | | | Yes  No |
|  | If No, please provide CV’s for all principals. | | | | | | | | | |  |
| 1.5 Professional persons | Please indicate the numbers of the following professionals involved : | | | | | | | | | | |
|  | First aiders | | | | | | | | | |  |
|  | Paramedics | | | | | | | | | |  |
|  | Senior paramedics | | | | | | | | | |  |
|  | Emergency medical technicians | | | | | | | | | |  |
|  | Emergency care assistants | | | | | | | | | |  |
|  | Ambulance care assistants and drivers | | | | | | | | | |  |
|  | Registered medical practitioners | | | | | | | | | |  |
|  | Independent paramedic prescribers | | | | | | | | | |  |
|  | Other (please specify) | | | 1. | |  | | | | |  |
|  |  | | | 2. | |  | | | | |  |
|  |  | | | 3. | |  | | | | |  |
|  |  | | | | | | | | | |  |
| 1.6 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: | | | | | | | | | |  |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | |  |
| 1.7 Patient transfer services (use of third-party medics) | During patient transfers, in what circumstances would a third party medic accompany a patient on board your vehicle and hold primary responsibility for attending to their medical needs during transit?  Please describe; | | | | | | | | | | |
|  |  | | | | | | | | | | |
| 1.8 High-risk events | At any time during your coverage of events would you, a member of your own staff or self-employed freelancers, sub-contractors or outsourcers be the person(s) responsible for the medical treatment of those participating in any event involving: | | | | | | | | |  | |
|  | i. | | horses | | | | | | |  | |
|  | ii. | | feats of endurance | | | | | | |  | |
|  | iii. | | speeds exceeding 30mph | | | | | | |  | |
|  | iv. | | activity at height above 3m, in water or underground | | | | | | |  | |
|  | v. | | combat sport | | | | | | |  | |
|  | vi. | | political demonstrations or marches | | | | | | | Yes  No | |
|  | If Yes, please describe: | | | | | | | | |  | |
|  |  | | | | | | | | | | |
| 1.9 Treatment of  high-profile individuals | At any time during your coverage of events would you, a member of your own staff or self-employed freelancers, sub-contractors or outsourcers be  the person(s) responsible for the medical treatment of any: | | | | | | | | |  | |
|  | i. | | professional sportspeople | | | | | | |  | |
|  | ii. | | professional musicians | | | | | | |  | |
|  | iii. | | professional actors | | | | | | |  | |
|  | iv. | | other celebrities | | | | | | |  | |
|  | v. | | stunt men or women | | | | | | | Yes  No | |
|  | If Yes, please describe: | | | | | | | | |  | |
|  |  | | | | | | | | | | |
| 1.10 Records | Please confirm that all records, currently are, and in the future will be, maintained for at least five years and, in the case of a minor, for a period  of at least five years after that minor attains majority? | | | | | | | | | Yes  No | |
|  | If No, please provide further details: | | | | | | | | |  | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| 1.11 Cover requirements | Limit of indemnity required: | | | | £1,000,000 | | £2,000,000 | | £3,000,000 | | |
|  |  | | | | £5,000,000 | | £10,000,000 | | Other | £ | |
|  |  | | | | | | | | |  | |
| 1.12 Previous  insurance history | Do you carry, or have you carried, malpractice insurance in the last 12 months? | | | | | | | | | Yes  No | |
| If Yes, please state: | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| |  |  | | --- | --- | | Insurer: | | |  | | |  | | | Current limit of indemnity purchased: | £ | |  | | | Excess under current policy: | £ | |  | | | Annual premium being paid: | £ | |  | | | Is the previous policy on a claims-made basis? | Yes  No | |  | | | If Yes, what is the retroactive date? |  | |  | | | Has any insurer ever cancelled your malpractice insurance,  declined/refused to renew, or only accepted the risk at special terms? | Yes  No | | If Yes, please give details: | | |  | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Section 2 – Air repatriation** | **Optional – only complete this section if you/your organization undertakes air repatriation or escort.** | |
| 2.1 Transportation | Do you co-ordinate emergency medical assistance responses abroad? | Yes  No |
|  | Do you arrange the transportation and repatriation? | Yes  No |
|  | Do you provide the transportation using your own staff and vehicles? | Yes  No |
|  |  |  |
| 2.2 Responsibility | When does your responsibility for the transportation begin and end? |  |
|  |  | |
|  |  |  |
| 2.3 Medical staff used | During which phases, if any, of repatriation or escort journeys would you, a member of  your own staff or self-employed freelancers, sub-contractors or outsourcers be the person(s) responsible for the medical observation and treatment of the patient(s) being transported? | |
|  |  | |
|  |  |  |
| 2.4 Countries of operation | In which countries do you work? |  |
|  |  | |
|  |  |  |
| 2.5 Jurisdiction | In the course of your air repatriation or escort activities do you accept liability under the laws of any country other than the UK? | Yes  No |
|  | If Yes, please give details: |  |
|  |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 3 – Your liabilities or  accident cover** | **Optional – only complete this section if you/your organisation require liability or personal accident insurance.** | | | | | | | | |
| 3.1 Cover | **Liabilities** – only available if medical malpractice is purchased | | | | | | | | |
|  | **Cover** | | | **Select if required** | | | **Limit of Indemnity** | | **Excess** |
|  | Employers’ liability | | |  | | | £10 million | | Nil |
|  |  | | | | | | | | | |
|  | Public and products liability | | | | | | | | | |
|  | £1 million | | £2 million | | | £5 million | | £10 million | | |
|  |  | | | | | | | | | |
|  | Excess applicable for the above covers is £250 as standard for each and every claim. | | | | | | | | | |
|  |  | | | | | | | | | |
| 3.2 Annual wageroll | What is your estimated wageroll for the forthcoming year? | | | | | | | | | |
|  | Clerical and managerial | | | | | | | | £ | |
|  | Drivers and ambulance assistants | | | | | | | | £ | |
|  | Medical personnel | | | | | | | | £ | |
|  | Self-employed freelancers, sub-contractors or outsourcers: | | | | | | | |  | |
|  |  | Labour-only | | | | | | | £ | |
|  |  | Bona-fide | | | | | | | £ | |
|  |  | | | | | | | | | |
|  | What is the annual number of volunteer hours? | | | | | | | |  | |
|  |  | | | | | | | | | |
| 3.3 ELTO | Employer’s Reference Number (ERN) (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 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 | | | | | | | |  | |
|  |  | | | | | | | |  | |
| 3.4 Personal accident | Do you require personal accident cover? | | | | | | | |  | |
|  | **Benefit amount** | | | | | | | | **Select if required** | |
|  | £10,000 | | | | | | | |  | |
|  | £25,000 | | | | | | | |  | |
|  | £50,000 | | | | | | | |  | |
|  |  | | | | | | | | | |
|  | **Please only complete if you want to take up this** **cover.** | | | | | | | | | |
|  | If you have selected to take personal accident cover please provide names of all persons to  be insured: | | | | | | | | | |
|  |  | | | | | | | | | |
|  | Number of persons to be insured (total number of employees including partners and directors) | | | | | | | |  | |
|  |  | |
|  |  | | | | | | | | | |
|  | Will any person to be insured be 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 business 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 | | | | | | £ | | £ | |
|  | 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** | | | | | |
|  | Increased costs of working | | | | £ | | | | | |
|  | Loss of income (including increased cost  of working) – must be full income | | | | £ | | | | | |
|  | 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? | | | | | | | | 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? | | | | | | | | % | |
|  |  | | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 4.5 Commercial  legal protection | **Cover** | | | **Select if required** | **Limit of Indemnity** | | **Excess** | |
|  | Commercial legal protection | | |  | **£100,000** | | nil | |
|  |  | | | | | | |
| **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. | | | | | | | |
|  |  | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 additional 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 Using your  personal information | Hiscox is a trading name of a number of Hiscox companies. The specific company acting as  a data controller of your personal information will be listed in the documentation we provide  to you. If you are unsure you can also contact us at any time by telephoning 01904 681198  or by emailing us at dataprotectionofficer@hiscox.com.  We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and detection and financial management. This may involve sharing your information with, and obtaining information about you from, our group companies and third parties such as brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.  We may record telephone calls to help us monitor and improve the service we provide.  For further information on how your information is used and your rights in relation to your information please see our privacy policy at www.hiscox.co.uk/cookies-privacy. | | |
|  |  | | |
| 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 of director/officer/board member/senior manager | Position within the company |
|  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | /  / |
|  | Signature of director/officer/board member/senior manager |  | Date |
|  |  | | |
|  | **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.** | | |
|  |  | | |

|  |  |
| --- | --- |
| 6.4 Complaints | Hiscox aims to ensure that all aspects of your insurance are dealt with promptly, efficiently and fairly. At all times Hiscox are committed to providing you with the highest standard of service. If you have any concerns about your policy or you are dissatisfied about the handling of a claim and wish to complain you should, in the first instance, contact Hiscox Customer Relations in writing at:  Hiscox Customer Relations The Hiscox Building Peasholme Green York YO1 7PR  by telephone on 0800 116 4627/01904 681 198  or by email at customer.relations@hiscox.com.  Where you are not satisfied with the final response from Hiscox, you also have the right to refer your complaint to the Financial Ombudsman Service. For more information regarding the scope of the Financial Ombudsman Service, please refer to www.financial-ombudsman.org.uk. |