Corvelia underwriting

# Professional Indemnity Insurance
# Members of the Society of Radiographers Application Form

**This insurance is only intended for registrants of the Health & Care Professions Council (HCPC) who maintain membership of the Society and College of Radiographers (SoR)**

**NOTE COMPLETING THIS FORM:** THIS APPLICATION FORM IS AN IMPORTANT DOCUMENT AND IS BEING RELIED ON BY THE UNDERWRITERS TO DETERMINE WHETHER COVERAGE WILL BE PROVIDED. PLEASE ENSURE THAT ALL RESPONSES ARE ACCURATE, CLEAR AND CORRECT.

Please use additional pages where necessary to provide complete responses.

"**You**" means the Individual Registered Radiographer or (Ultra) Sonographer proposing for this insurance and requiring coverage.

This application form must be completed in ink, signed and dated by **You.** All questions must be answered and where appropriate "Not Applicable" or "N/A" specified. All facts provided must be disclosed fully and truthfully and to the best of **Your** knowledge and belief whether or not they are the subject of a specific question herein. **Under the Insurance Act 2015, a material matter is defined as one that would "influence the judgement of a prudent insurer in determining whether to take the risk and if so, on what terms."** In addition to the information contained in the application form including all supporting documentation, if **You** are aware of any other information which **You** consider may alter, influence or prejudice the Underwriter's appraisal of the risk being proposed, this information must be disclosed in conjunction with this application form.

**You** agree that any information provided to Underwriters will be processed by them in compliance with the provisions of the Data Protection Act 1998, which may necessitate providing such information to third parties. By signing this proposal form **You** are consenting to the use of information, including sensitive personal information. Where personal information relates to third parties, **You** confirm that it has been given the requisite consent to disclose such information to Underwriters for processing.

**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 **You** then **You** MUST have a current policy in force. Any claims brought against **You** after the expiry of the policy period (or any specific extended reporting period) will NOT be covered hereunder.


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)

Corvelia
underwriting

| 1. Please advise personal information as follows: | |
|---|---|
| **Full Name:** | |
| **Date of Birth:** | **Gender:** |
| **Contact Tel No:** | **Contact Email:** |
| **Home Address (Including Country):** | |

| 2. (a) Please advise details of Your Health & Care Professions Council registration as follows:- | |
|---|---|
| **Please Specify Registration Entry Type:** | |
| Diagnostic Radiographer (Only) | **YES/NO** |
| Therapeutic Radiographer (Only) | **YES/NO** |
| Both Diagnostic & Therapeutic Radiographer | **YES/NO** |
| **HCPC Registration Number:** | |
| | |
| Have you ever had your registration suspended or cancelled for any reason:-<br>**If YES, please provide further details:-** | **YES/NO** |
| **(b) Do You plan to retire in the next 12 months?**<br>**If YES, please advise details of expected retirement date and reason for retirement:-** | **YES/NO** |

| 3. (a) Please advise your membership number of the Society of Radiographers:-<br>Do you hold a Certificate of Competence in administering intravenous injections (including cannulation) | | **YES/NO** |
|---|---|---|
| | | |
| **(b) How many years have You been a member:-** | Less Than 12 Months | **YES/NO** |
| | Between 1 and 3 Years | **YES/NO** |
| | More than 3 Years | **YES/NO** |
| **Have you had any breaks in Membership, or has your Membership ever been suspended or cancelled?** | | **YES/NO** |
| **If YES please provide details below including the dates that your Membership did not apply:** | | |


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)

Corvelia underwriting

4. (a) Please advise whether you contract using a legal Entity name (e.g. a registered Limited company) rather than in your own personal capacity, for fiscal purposes? YES/NO

If YES, please advise the full name of this Legal Entity:-

If YES, does the Legal Entity employ any staff:- YES/NO

If YES, please provide details of the staff employed:-

(b) Please list below Your 3 largest clients (In hours per week) with which you contract with to provide medical services: -

| Client Name | Type of Client (e.g. NHS Trust, Private Clinic, Private Hospital, Other Private Services Provider) | Proportion of Annual Revenue Earned | Average Working Hours For This Client per Week |
|---|---|---|---|
| | | % | Hours |
| | | % | Hours |
| | | % | Hours |

Do you ensure that all your work is undertaken only after you have agreed a specific written contract for service with your contracting entities?

YES/NO

If NO, please advise why this would not happen:-

5. Please advise your gross revenue (before deductions) earned as detailed below. This should *exclude* work where you have a PAYE Employment contract with a corporate entity such as a NHS body or Private Limited Company (not considered under this insurance):-

| | Estimate of Current Financial Year | Last Full Financial Year |
|---|---|---|
| Private Work | £ | £ |
| Work for any NHS body or Trust | £ | £ |
| Gross Revenue | £ | £ |


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)

Corvelia
underwriting

| 6. (a) Please advise what proportion (estimated %) of revenue earned in the last 12 months relates to the following:- | |
|---|---|
| Out of Hours (defined as work undertaken before 8.00am and/or after 8.00pm) | % |
| Home Visits | % |
| Fetal Scanning | % |
| Musculoskeletal injections | % |
| Intravenous Injections | % |
| Therapeutic Treatment e.g. radiotherapy, image-assisted biopsies or any other such treatment (please specify) | % |
| Critical/ Emergency Care | % |
| **(b) Please advise whether You undertake any work outside of the UK.**<br>If **YES**, please provide full details:- | **YES/NO** |

| **7. Have You ever had practice related issues in connection with drug and/or alcohol abuse, sexual addiction or mental illness?** | **YES / NO** |
|---|---|
| If **YES**, please provide details:- | |
| **8. Have You ever been diagnosed with, or treated for, a chronic physical or mental illness and/or disability?** | **YES/NO** |
| If **YES**, please provide details:- | |


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)

| 9. CLAIMS HISTORY:- | |
|---|---|
| **This insurance is underwritten on a 'claims made' basis and Underwriters will exclude any claim and/or circumstance which could reasonably be expected to give rise to a claim, which is known by YOU prior to the inception date of the policy.**<br><br>**Please provide answers to the following questions.** | |
| Have any professional indemnity, general liability or other professional liability claims ever been made against **You** whether successful or otherwise? | **YES/NO** |
| Have any claims for dishonesty ever been made against **You** whether successful or otherwise? | **YES/NO** |
| Have any regulatory, disciplinary, or criminal proceedings (including public enquiries or inquests) ever been made or undertaken against **You**? | **YES / NO** |
| Have **You** ever had a document relating to **Your** medical activities unintentionally destroyed, damaged, lost or mislaid? | **YES / NO** |
| Have any libel or slander claims ever been made against **You** whether successful or otherwise? | **YES / NO** |
| Have any infringement of copyright claims ever been made against **You** whether successful or otherwise? | **YES / NO** |
| Have any breach of confidentiality claims ever been made against **You** whether successful or otherwise? | **YES / NO** |
| Have any sexual harassment and/or abuse claims ever been made against **You** whether successful or otherwise? | **YES / NO** |
| After full enquiry are **You** aware of any circumstances relating to the questions above which would reasonably be expected to give rise to a potential claim or request for indemnity under this Individual Practitioner policy? | **YES / NO** |
| If the answer to any of the above is **YES (for any of the last 6 years)**, please provide full details (including the latest claims statistical report from the Society of Radiographers if any such claim relates to the Society's membership insurance arrangements) | |


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)

Corvelia underwriting

| DECLARATION:- |
|---|
| **You** declare that the above answers, statements, particulars and additional information are true to the very best of **Your** knowledge and belief and are a fair presentation of **Your** risk. After full enquiry, **You** also confirm that **You** have disclosed all information and material facts that may alter or influence the Underwriters' judgement of the risk, or affect their assessment of the exposures they are covering under the policy. |

**Your Signature** ________________________________

**Date** ________________________________

**Position** ________________________________

**Name in capital letters (Printed)** ________________________________

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


Corvelia Limited underwrites professional liability insurance to the Health Industry as an underwriting agency under the trading name of Corvelia Underwriting. It is a private company incorporated and registered in England and Wales with company number 09352291 and FCA Reference Number 686257. Registered Office: C/O PKF, 1 Westferry Circus, London E14 4HD. Operating From: 1st Floor, 140 Fenchurch Street, London EC3M 6BL. Corvelia Limited is an Appointed Representative of Ambris LLP which is authorised and regulated by the Financial Conduct Authority (FCA FRN: 586267)