

# Expedition Medic Insurance

## Statement of Fact applicable to Medical Malpractice coverage

This Statement of Fact must be completed signed and dated by your Principal, Director or Partner

Please ensure that all questions are answered in full and where there is insufficient space available in the form any relevant additional information is provided on a separate sheet

All material facts must be disclosed to us whether or not they are the subject of a specific question herein and you have a continuing duty to disclose such facts to us throughout the duration of the period of insurance. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable or cover reduced.

Name and Address of Insured

Details of Trip

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|--|-------------------------------|--------------------------------|
| 1 I hold professional qualifications for the business practices I seek cover for   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 2 I understand that cover is provided for the Trip declared above only   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 3 I confirm that I do not intend to treat any professional sports people or high profile participants unless acting in the capacity of a first responder in cases of an absolute emergency and all ongoing treatment thereafter is passed on to the appropriate treating physician or medical facility | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 4 I hold all client records for a minimum of 7 years or in line with industry standards and/or requirements  | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 5 I have NOT been subject to any claims for negligence or breach of professional duty in the last 10 years   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 6 I am NOT aware of any shortcomings in my work that could lead to a claim against me. This includes a shortcoming which I cannot reasonably put right or a complaint about my work or anything I have supplied which cannot be immediately resolved   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 7 I am NOT aware of any loss from the suspected dishonesty or malice of any employee or self-employed freelancer   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 8 I have NEVER been declared bankrupt, insolvent or made arrangements with creditor either in a personal or in a business capacity   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| 9 For any malpractice, public liability or errors and omissions insurance I have NEVER had a policy:   |                               |                                |
| (a) cancelled  | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| (b) declined   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| (c) renewal refused or   | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |
| (d) accepted by an insurer but only with special terms and conditions attached.  | TRUE <input type="checkbox"/> | FALSE <input type="checkbox"/> |

Signature:

|      |          |      |
|------|----------|------|
| Name | Position | Date |
|------|----------|------|

Once completed, please email this form to [admin@saepio.insure](mailto:admin@saepio.insure)

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