

Medical Malpractice Insurance – Statement of Fact Complementary and Beauty Therapies

1. Name of the applicant:
Address:

<small>Street number</small>	<small>Street name</small>	<small>City</small>	<small>Prov/State</small>	<small>Postal/Zip Cod</small>
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2. Description of business practice:
3. Turnover Last 12 months: Canada USA Other
Coming year (estimate): Canada USA Other
4. Number of employees:
5. Number of patients per day:
6. I/We hold professional qualifications for the business practices I seek cover for. True False
7. I/We work from home, on a mobile basis or I rent a space in a third party owned premises. True False
8. I/We understand that cover is provided for those business practices I have selected only and that what I do does not deviate from such business practices. True False
9. I/We do NOT provide treatment to children under the age of 12 unaccompanied by a parent/guardian. True False
10. I/We hold all client records for a minimum of 7 years or in line with the industry standards and/or requirements. True False
11. I/We have NOT been subject to any claims for negligence or breach of professional duty in the last 10 years. True False
12. I/We are 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 False
13. I/We have NEVER been declared bankrupt, insolvent or made arrangements with creditor either in a personal or in a business capacity. True False
14. I/We are NOT aware of any loss from the suspected dishonesty or malice of any employee or self-employed freelancer True False
15. For any malpractice, public liability or errors and omissions insurance, I have NEVER had a policy cancelled, declined or renewal refused or accepted by an Insurer but only with special terms and conditions. True False
16. If you have answered False to any of the above statements, please provide details below:

Please supply a copy of your resume including professional qualifications.

IMPORTANT

Disclosure of Material Facts

It is essential that every proposer or insured, when seeking a quotation, taking out or renewing an insurance, reveals to the prospective insurers any material facts or information (including any material circumstance) which might influence the judgment of an insurer in fixing the premium or in determining whether he will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to seek our advice.

I/We declare that the statements and particulars in this Statement of Fact are True and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Statement of Fact together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this day of 20

Signature of applicant

A COPY OF THIS STATEMENT OF FACT SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.