

Healthcare Liability Proposal Form

This proposal is not for Hospitals or Nursing Homes for which separate forms are available.

General Details

1. Name of Proposer: _____
(If a partnership, please list all Partners) _____

2. Address: _____

3. Telephone Number: _____
4. Web-site and Email address: _____

5. Name of Contact: _____
6. Full Business: _____
(Please describe in detail) _____

If the Business operates from more than one location, please provide a list of the locations and details of the services offered at each location - continue in the Additional Information section on page 4.

7. Are any changes to the services provided proposed in the next 12 months? Yes No

If yes, please give details _____

Employers Liability

10. Is Employers Liability insurance required? Yes No
 (If no - please skip questions 11- 13)

11. How many Employees do you expect to have in the next year ?

All persons employed must be included. Employees includes persons under a contract of service or apprenticeship with you, labour masters and persons supplied by them, self-employed persons or family or household members whilst engaged in the course of the business, persons hired to or borrowed by you and persons undertaking study or work experience.

12. What is the total annual wages salaries and other earnings?

The term “wages, salaries and other earnings” means the employees total remuneration including overtime, value of board and lodging, housing accommodation, bonuses and any other prerequisites in kind, or money received by the employees in connection with their employment without any deduction in respect of social welfare insurance, income tax, holidays with pay or pension contributions.

Please provide a breakdown of numbers and wages for the following categories:

	Number	Total Wages, salaries and other earnings
Nurses	<input type="text"/>	<input type="text"/>
Care Assistants / Attendants	<input type="text"/>	<input type="text"/>
Property Maintenance / Repairs	<input type="text"/>	<input type="text"/>
Administrative/Clerical Staff	<input type="text"/>	<input type="text"/>
Volunteers	<input type="text"/>	<input type="text"/>
Other Categories _____	<input type="text"/>	<input type="text"/>
(Please describe) _____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>

13. Are you at present insured, or have you ever proposed for an Insurance in respect of your liability to your Employees? Yes No

Public Liability / Medical Malpractice

This is a “claims-made” policy providing cover only for claims which arise from incidents occurring subsequent to the retroactive date stated in the schedule and which are first made against the insured and reported to the company while the policy is in force.

14. Is Public Liability /Medical Malpractice insurance required? Yes No
 (If no - please skip questions 15- 18)

15. Is your current insurance on a claims made basis? Yes No

If yes, what is the retroactive date on your policy? / /

16. What is the projected number of patients / clients in the next 12 months?

17. What is the projected turnover in the next 12 months?

18. The standard Public Liability/Medical Malpractice Limit of Indemnity is €6,500,000.
 If a higher Limit is required please specify.

Note: The Limit of Indemnity is inclusive of costs and expenses and in respect of Products Supplied and Malpractice applies to all claims notified in the Period of Insurance.

Staff Education & Training

19. a) Is there a Manual Handling Training Programme? Yes No
b) Is it mandatory that all Staff attend? Yes No
c) Is there a system of check and record that all staff attend the Training Programme? Yes No
20. Has clearance been obtained from the Garda Vetting Unit for all staff and volunteers? Yes No
21. Is there an Infection Control Training Programme? Yes No
22. Are the following Training/education Programmes available to staff?
- CPR Yes No
- Practice Guidelines Yes No
- Use of emergency equipment Yes No
- Advice / help line procedures and protocols Yes No
- Safe Administration of Medication Yes No
- (Please provide full details of the training / education provided)

Clinical Waste

23. Please give details of the collection, storage and disposal of:
- a) "Sharps" _____
- b) Clinical Waste _____
- c) Household Waste _____
- d) Is Clinical Waste incinerated on-site? Yes No
24. Are there written guidelines for the avoidance of needle Stick/Sharps Injuries? Yes No

Health, Safety and Risk Management

25. Do you have a Health & Safety Committee? Yes No
26. If yes, how often does it meet? _____
27. Is there an elected Health & Safety Representative? Yes No
28. Is there a documented Health & Safety Statement? Yes No
29. If yes, when was this last updated? _____
30. Is there a formal Risk Management Programme? Yes No
31. Is there a Complaint's Procedure? Yes No
32. Is the Complaint's Procedure visible and available to all patients & their families? Yes No
33. Please provide details of Clinical Records storage and procedure for retrieval by staff/Doctors.

Data Protection – Allianz plc Fair Processing Notice

This privacy notice tells you how we use your information and confirms that your Data Controller is Allianz plc (“we”, “us”, “our”), Allianz House, Elmpark, Merrion Road, Dublin 4 D04 Y6Y6. Email: info@allianz.ie. Our Data Protection Officer is contactable at: DataProtectionOfficer@allianz.ie or write to The Data Protection Officer, Allianz plc, Allianz House, Elmpark, Merrion Road, Dublin 4, D04 Y6Y6.

How and why we use your personal information

Personal information provided by you or by others will be used by us, and your insurance intermediary (where applicable), for the provision and administration of insurance products, related services and for statistical analysis. Should you be unable to provide us with the required personal data, we will be unable to provide you with insurance or process a claim.

We will use and share certain personal data for the *performance of the contract or to take steps prior to entering into the contract of insurance*. The following processing activities are used for this legal purpose:

- providing a quotation,
- underwriting and pricing a policy,
- handling a claim,
- handling a third party claim,
- sharing details with or seeking personal information from your Intermediary (if applicable) and anyone authorised by you to act on your behalf,
- sharing details with or seeking personal information from loss adjusters, repairers and other claims handling agents, medical practitioners, engineers and legal practitioners.

We will use and share certain personal data for *legitimate business interests*. The following processing activities are used for this legal purpose:

- risk management, auditing and the provision of legal advice which are key governance functions to protect the business,
- checking information provided ensures accuracy which contribute to effective underwriting and administration of insurance products and services,
- prevention and detection of fraud to help protect underwriting and premium,
- market research, customer satisfaction surveys, and data analytics, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy,
- we may record or monitor calls for regulatory, training and quality purposes,
- sharing with or seeking information from:
 - other insurance companies to confirm information provided and to safeguard against non-disclosure and help prevent fraudulent claims,
 - the Insurance Link Anti-Fraud register (for more info see www.inslink.ie) to prevent and detect fraud,
 - the Integrated Information Data System (IIDS) to verify information including penalty points and No Claim Discount (NCD) to combat fraud,
 - the Motor Insurers’ Bureau of Ireland (MIBI) to assist in preventing or detecting theft and fraud,
 - private investigators when we need to further investigate certain claims,
 - vehicle history check suppliers/ databases to protect our customers, inform our acceptance criteria and assist in claims investigations,
 - other fraud prevention, ID verification databases available in the insurance industry and publicly available information to detect or prevent possible criminal activity or fraud,
 - An Garda Síochána and other law enforcement agencies to detect, investigate or prevent possible criminal activity and fraud,
 - other companies in the Allianz Group to deliver the business strategy and fulfil our operating entity responsibilities,
 - customer research partners, including profiling, to develop and enhance the customer relationship and journey as part of our business strategy.

Where we obtain data from the above sources, the categories we obtain will be personal data or claims information relating to insurance profiling, claims handling and fraud prevention. We may need your consent for the processing of certain data and in these cases, we will inform you of such processing and the reason for this at the time consent is captured. Your personal data may be transferred to and/or accessed from a country outside the European Economic Area for payment card administration, IT support and due diligence checks. Such transfer/access is safeguarded by strict contractual obligations with these parties. If you would like more information on our international data transfers, please contact our Data Protection Officer. In all of these processing activities, your interests are considered and we ensure that necessary safeguards are in place to protect your privacy, such as contracts in place with third parties, restricted access to data, regular testing and evaluation of technical and organisational security measures, retention limitations etc.

Representation

If you provide information about someone else, such as an additional insured, we will endeavour to provide this Data Protection Notice to them. Where it is not possible to do so, you must make them aware of this Data Protection Notice and the terms of the insurance (including changes to the terms or processing activities).

How long we keep your personal information

We will keep your personal data only for as long as it is required for your insurance contract, to handle claims and to comply with our legal and regulatory obligations as documented in our Records Management Policy.

[Your rights in relation to your personal information](#)

You have the right to request a copy of your personal data, and to have incorrect personal data about you corrected. You also have the right to withdraw your consent for the processing of your personal data, have your personal data erased, or the processing restricted. Please note that withdrawing consent and requests for restriction/erasure may affect our ability to provide you with a contract of insurance. Some of the above rights are subject to limitations in order for us to comply with a number of legal and regulatory obligations. You have the right to data portability for insurance purposes (contact portability@allianz.ie). You also have the right to lodge a complaint with the Data Protection Commissioner.

[Automated decision making](#)

As part of the provision of your insurance contract, including at quotation stage, Allianz may use automated decision-making. This means that we may use your personal data to evaluate, analyse or predict the performance of your contract of insurance. Premiums are calculated according to the risk of loss, with the risk ascertained on the basis of profiling. This avoids unfair discrimination. Certain motor policies also use Telematics (Allianz Safe Driver App) where driving behaviour is used to measure driving performance and to determine the nature and level of the risk associated with your insurance policy. In these cases, suitable safeguards are in place and you have the right to human intervention to express your interests and contest automated decisions.

[Up to date information](#)

In order for us to keep your information accurate and up to date, please contact Allianz or your insurance intermediary (where applicable) if any of your details change.

Material Facts Declaration – Continuing Obligation

Please read carefully the following statement prior to signing where indicated.

You agree that the information supplied by you, or by a relevant party on your behalf is, to the best of your knowledge, true and complete and that no material fact has been misrepresented or withheld by you.

You acknowledge that failure to disclose all material information may result in the voidance or cancellation of your policy, a claim not being paid or partly paid, you encountering difficulty obtaining insurance elsewhere or, in the case of property insurance, you breaching the terms and conditions of any loan on the property.

Material information is that which Allianz would regard as likely to influence its assessment or acceptance of this insurance. You have a continuing obligation to immediately disclose to Allianz any information that may affect this insurance or increase the risk of loss or damage or injury to others. You agree that if you are in any doubt you will disclose it to us.

Please note that this document, in conjunction with any other information supplied by you or on your behalf will form the basis of your contract with Allianz.

If any answer has been provided by a person other than you, you agree that such person shall be your agent and not an agent of Allianz.

Please read this document carefully and check that all the details in it are accurate. If any information is inaccurate or incomplete you must notify Allianz or your insurance intermediary immediately.

Signature of Partner / Director / Principal  _____

Name:

Date: / /

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