

BCA Id. No:
Password:

APPLICATION FOR INSURANCE

PLEASE NOTE - the following section, which together with the BCA membership application form will be the basis of your insurance contract.

SECTION 3 - Medical Professional Indemnity, Personal Accident and Legal Expenses Insurance

Please provide the date the first day cover is required:

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Please provide full details of all previous insurance cover that you have held:

Insurance Company / Indemnity Provider	Period From -To

Have you ever been subject to any disciplinary proceedings, if so please provide full details below or on a separate sheet: Yes / No

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Do you undertake any expert witness work, if so please provide full detail including the number of hours worked in this capacity: Yes / No

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Do you operate as a Limited Company or in partnership with any other associates or practitioners? If yes, please complete the enclosed form. Yes / No

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Are you a sole practitioner Yes / No

**If no, please provide a list of staff, including any partner/director, self employed person and all other staff (inc any receptionists / administrators)*

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Do you undertake any activity that falls outside standard Chiropractic work and for which you are seeking cover for? Yes/ No

No Claims Declaration

I declare that other than those previously declared to Underwriters, I know of no claim, suit alleging negligence, error or omission against me. I know of no complaint (or equivalent) against me, I have never been convicted of a criminal offence or been subject to any disciplinary proceedings and I know of no circumstance which could reasonably be expected to result in a complaint against me.

After enquiry, I declare that I know of no complaint (or equivalent) or disciplinary proceedings against any Director, Partner, Associate or Employee.

If you have a further claim/incident/offence to declare (as above) or there is any other material information which has not been previously declared to Insurers or if any information has altered since your past proposal or declaration, please provide details below or on a separate sheet of paper. If you are in any doubt about facts being considered material, you should disclose them.

I declare that the statements and particulars contained in this form are true and that I have not mis-stated or suppressed any material facts.

I agree that this declaration, together with any other information supplied by me, shall form the basis of any contract of insurance effected thereon.

I understand that failure to disclose any material information could invalidate my insurance.

Signing this declaration does not bind the proposer to complete this insurance.

Signed: _____

Dated: _____

Print Name: _____

Please date within 30 days of the requested first day of cover

Data Protection Act

All personal information supplied by you will be treated in confidence by the British Chiropractic Association and their Insurers and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of the British Chiropractic Association and its Insurers, their agents or sub-agents.

FSA

The British Chiropractic Association is an Appointed Representative of Lloyd and Whyte Ltd, Affinity house, Bindon Road, Taunton, Somerset, TA22 6AA which is authorised and regulated by the Financial Services Authority. Lloyd and Whyte Limited's FSA Register Number is 306077.

