

FOR INTERNAL USE

BCA ID. No:

# Professional Insurance for Chiropractors

## Entity Extension Proposal Form

Please complete this proposal form in BLOCK CAPITALS and return it either by EMAIL to [bcainsurance@lloydwhyte.com](mailto:bcainsurance@lloydwhyte.com) or by POST to BCA Insurance Services, The British Chiropractic Association, Fitwise, Blackburn House, Redhouse Rd, Seafield, Bathgate EH47 7AQ. If you have any questions regarding this form, please contact us on 01823 250788 or by email at the address above.

Please supply fuller details on a separate sheet if necessary.

For avoidance of doubt reference to "Proposer", "You" or "Your" in this proposal form shall mean all parties to be insured.

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### GENERAL INFORMATION

1. BCA Member Name .....
2. Practice Name (this will form part of The Proposer): .....
3. Limited Company/LLP Name (if different from above): .....
4. Main Address  
Of Practice  
.....  
.....  
.....  
.....  
.....  
Postcode .....
5. Website Address .....
6. Telephone Number .....
7. Date business commenced .....
8. Date cover is required from .....

## ABOUT YOUR PRACTICE:

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As part of your insurance Package through the BCA, Entity Cover of £5,000,000 Aggregate is provided as standard where all practitioners within Your practice are BCA members. There is an additional charge of £50 including tax per practitioner to include non members. Entity cover may be provided on request for your Limited Company or LLP.

9. a. Total number of **practitioners** employed or using Your practice name:

i. BCA members .....

ii. Non – BCA members .....

Please Note: Entity Cover automatically covers non practicing/administrative staff e.g. secretaries however cover does not extend to include other persons or practices under Your premises not associated with You e.g. a physiotherapist renting space at Your address but not practicing under Your name.

b. Please provide details of all practitioners that are non-BCA members using the table on the back of this Proposal Form.

## LOSS HISTORY

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10. Has any insurer in respect of the risks to which this Proposal relates ever

- a. declined a proposal, refused renewal or terminated an insurance?  YES  NO
- b. required an increased premium or imposed special conditions?  YES  NO

If 'Yes', please provide details

11. a. Has any claim been made against You or any predecessors in business or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties?  YES  NO
- b. Have You or any predecessors in business or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of cover?  YES  NO

If 'Yes', in either case, give details below (or on a separate sheet)

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost

**c.** What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

**12.** Have You ever been subject to any disciplinary hearings or proceedings?  YES  NO

If the answer to **11**, above is "YES", please provide further details:

**13.** Is any partner, principal, director, consultant or employee, after enquiry, aware of any circumstances which might

- a.** give rise to a claim against You or any predecessors in business or any of the present or former partners or principals?  YES  NO
- b.** result in You or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover?  YES  NO
- c.** otherwise affect the Our consideration of this insurance?  YES  NO

If 'Yes', please give details including maximum potential cost below *(or on a separate sheet)*

**14. Do You have any existing Professional Indemnity/ Medical Malpractice/ Liability or Legal Expenses insurance in force?**

If 'Yes', please provide further details:

Insurance Cover (e.g. Professional Indemnity)	Name of Insurer	Policy Renewal date

**DECLARATION & IMPORTANT INFORMATION**

**Important Notice Concerning Disclosure**

Royal & Sun Alliance Insurance plc shall be entitled to rely upon the material accuracy of this proposal form and any other information supplied by or on behalf of the Proposer to them in relation to the entering into of this Policy (this proposal form and such other information together forming the "**Proposal**"). For avoidance of doubt your BCA membership application will form part of the Proposal.

The Proposer shall ensure that the Proposal contains such information as is reasonably necessary to enable RSA to:

- (a) properly assess the risks to be insured under this Policy; and
- (b) decide whether and, if so, to what extent they will provide you with insurance cover in respect of such risks referred to in (a) above

If you are in any doubt as to whether any information is material, it should be disclosed.

You should retain a copy of this Proposal for your records

**Financial and Trade Sanctions**

Royal & Sun Alliance Insurance plc is unable to provide insurance in circumstances where to do so would be in breach of any financial or trade sanctions imposed by the United Nations or any government, governmental or judicial body or regulatory agency.

**Data Protection**

Royal & Sun Alliance Insurance plc will treat your personal information fairly and lawfully in accordance with the Data Protection Act 1998.

**Declaration**

I/We declare that the statements and information contained in the Proposal are true and accurate in all material respects.

I/We undertake to provide details of any material alteration to or in respect of such statements and/or information of which I/we become aware before the start date of this Policy.

For the purposes of making this Proposal, I/we agree that the Intermediary (which I/we have appointed to advise in relation to this policy) is acting on my/our behalf and not as an agent of the Insurer.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**9 b.** (continued) Please use the table below to provide detail of all practicing non BCA members.

Staff Name	Description of all work Undertaken	Qualifications and where they are gained
	<input type="checkbox"/> Chiropractic <input type="checkbox"/> and/or (please describe below):	
	<input type="checkbox"/> Chiropractic <input type="checkbox"/> and/or (please describe below):	
	<input type="checkbox"/> Chiropractic <input type="checkbox"/> and/or (please describe below):	
	<input type="checkbox"/> Chiropractic <input type="checkbox"/> and/or (please describe below):	
	<input type="checkbox"/> Chiropractic <input type="checkbox"/> and/or (please describe below):	
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