Please return the completed form to:
18D Ley Court, Barnett Way, Barnwood, Gloucester, Gloucestershire, GL4 3RT
Fax: 01452 377 660 E-mail: numark@bgpltd.com

Limited Company ☐ Partnership ☐ Sole Trader ☐
(Tick where appropriate)

Please ensure this is completed correctly as it will printed on all documentation.

Full Name of Proposer(s)	
Limited Company / Partnership Name	
Correspondence Address	
Contact Telephone Number	
Email	

Pharmacy trading name	
Pharmacy address	
Date established	

Retroactive date (If applicable)	
Current Insurer	
Renewal Date	

Under the Insurance Act 2015, you have a statutory duty to make a fair presentation of the risk which you wish us to insure. If the information you give to us in this proposal form or when you make a claim is untruthful or if you do not take reasonable care to ensure that it is accurate and not misleading or if you do not tell us something relevant which would have affected our decision whether to issue a policy to you and, if so, on what terms, then we may have a statutory right to cancel your policy or decline to pay a claim, and we may not have to refund any premium to you.

1. Have you ever had a policy cancelled, declined, a renewal refused or special terms imposed? YES / NO
2. Have you ever had a prosecution for medical malpractice, a negligent act, error or omission? YES / NO
3. Have you had any previous Malpractice, Professional Indemnity or Public Liability claims? YES / NO
4. Have you been subject to an investigation or disciplinary procedure by a professional body in the last 3 years? YES / NO
5. Do you have approval from the relevant statutory body or other equivalent authority for the dispensing of medicinal products including controlled substances? YES / NO
6. Are you domiciled in the United Kingdom and all premises are based in the United Kingdom? YES / NO
7. Have you been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgement debt either in a personal capacity or as a business? YES / NO
8. Have you been convicted of or charged with any offence, other than a motoring offence or conviction spent under the Rehabilitation of Offenders Act 1974? YES / NO
9. Are you aware of any fact, circumstance, incident or escalating level of complaint which may give rise to a claim to Hiscox? YES / NO
10. Does your pharmacy activities turnover more than £2,000,000 per annum YES / NO
11. Are you a registered distance selling pharmacy? YES / NO
12. Do you have any independent prescribers? If so how many? YES / NO
13. Do you provide any specialist clinics? If so please provide details YES / NO
14. Do you require cover for wholesale activities? YES / NO
15. Do you require cover for any non-pharmacy activities such as beauty treatments? YES / NO
16. Do you operate in any of the following: GP surgery / Walk in centres / A&E YES / NO

Name: **Position:** **Signature:** **Date:**