



FARLEYS PRIMARY CARE PLUS
RISK INFORMATION FORM

- **Completing one of these forms for each of your Surgeries will enable us to properly assess your risk and provide you with a confirmed quotation for Primary Care Plus Surgery Insurance.**
- **Please provide answers in all of the relevant boxes, and return in the enclosed Reply-Paid envelope within the next 10 days.**
- **If you need assistance in answering any of the questions, please do not hesitate to contact Farleys for help.**

Risk Details	
Surgery Address including Post Code	
Describe the Construction of the Buildings: (The walls and roof, including the percentage of flat felt or timber areas)	
Security Details – Doors and Windows: Confirm compliance with "Minimum Security Requirements" per the enclosed sheet, or if not specify where your protections differ)	
Intruder Alarm Details: Specify Installer, the Method of Signalling (Bells/Siren, Redcare etc) and whether Police on "Level 1" (Immediate) Response.	
Occupancy of Buildings: Confirm whether occupied overnight, and detail any other occupants who share the building with you.	
Values at Risk	
Surgery Contents other than Computers and Stock: State total value as new of all items, including fixtures and fittings.	
Computers (Hardware & Software): State total value as new, and specify any single items over £10,000	
Stock incl. Drugs, Medicines & Vaccines: State total cost <i>to you</i> to replace, and the maximum value of refrigerated stock if over £2500.	
Portable Equipment (including laptops and Doctors bags): The standard limit for these items is £10,000. If a higher limit is required, please specify and list any item over £2000.	

Continued Overleaf

<p>Practice Interruption: The Standard Sum Insured is £500,000 for 12months' income from <i>all surgeries</i> being insured on this Policy. If this is not adequate, please advise the correct amount and Period (12 or 24months) for cover to apply.</p>	
<p>Optional Covers - Please Complete if Cover is required. (NB: If you just require a quotation at this stage, please clearly mark "Quote Please" in the box)</p>	
<p>Buildings Insurance: Full cost of rebuilding, including outbuildings, professional fees and cost of clearing the site.</p>	
<p>Computer Breakdown: Please indicate if cover is required, and confirm that you have a maintenance agreement in place which includes regular services, and replacements for failures not caused by your own negligence.</p>	
<p>Legal Expenses If cover is required state whether any redundancies are envisaged in the Practice within the next 12 months. Also confirm with details whether any Doctor or Employee has been involved in any Legal Dispute action, Prosecution, Customs & Excise dispute, Inland Revenue Investigation/Enquiry or DSS Review during the last 5 years.</p>	
<p>Personal Accident* If cover is required, give the names of up to the maximum of 4 Persons to be Insured (who must be between 16 and 70 years of age). State also their job titles, Dates of Birth and Number of Units of Cover needed for each up to a maximum of 5.</p>	
<p>Employee Dishonesty Indicate if cover is required, and confirm whether written references are <i>always</i> obtained from former employers for the complete 2 year period prior to joining of all employees handling money, drugs and accounts.</p>	
<p>Pressure Vessel Inspection/Certification Service If cover is required, please indicate the number of autoclaves and/or compressors at this surgery.</p>	
<p>Electrical Inspection Report. Please indicate whether this service is required, and whether you would also require the Portable Appliance Testing Consultation. Service.</p>	

*** Cover under this section is for Personal Accident only. If Full Practice Overhead and Locum cover is required, please complete the separate Proposal Forms enclosed.**

**PRIMARY CARE PLUS
RISK INFORMATION FORM(Continued)**

**Optional Covers (Continued) - Please Complete if Cover is required.
(NB: If you just require a quotation at this stage, please clearly mark "Quote Please" in the box)**

Terrorism:
Please advise if cover is required under the
Surgery Contents and Buildings Sections.

General

Claims or Losses in last 5 years:

Please list all incidents which have or may
give rise to a claim, including amounts
paid or held as reserves to pay by
Insurers.

**Detail any additional information that
you feel is necessary to clarify your
answers above, or you feel may be
relevant to the Insurers acceptance of
your risk.**

**NB: Failure to disclose material facts
could result in your policy being
invalidated. It is extremely important that
you disclose all material information and
facts as failure to do so could invalidate
the insurance. If you are in any doubt as
to whether or not any information or fact
is material then it should be disclosed.**

**I/We declare that to the best of my knowledge and belief, all statements and particulars given by me/us
are true and complete and that no material information or fact has been withheld or suppressed.**

Signed **Date**/...../.....