



redefining / standards

Date of issue
dd Month yyyy

<Policy/Quote> number
XXXXXXXXXX

Policy wording version:
Total Healthcare Professionals

A statement of fact is a shared document between you and the insurer containing information you have provided. It's very important that the information in this document is correct, as it is used as the basis for your insurance contract.

Your statement of fact

Your Management Liability Policy

Important information

- This document shows the information you have given and forms the basis of the contract between us.
- If you fail to advise us of any inaccuracies or omissions your policy may not protect you in the event of a claim.

Your contact details

The insured

Correspondence address

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What you need to do next

- Please check this document carefully to make sure all details are correct and have been fully disclosed.
- You should tell us any information that may influence us in the acceptance of this insurance and the terms provided. If you are not sure if something is important or relevant you should tell your insurance adviser about it. Relevant information is something that could affect our decision to give you insurance or affect the terms of your policy.
- If any of the information in this document is incorrect, please tell your insurance adviser.
- Carefully read the Data Protection Notice in this document.

We will provide insurance cover based on the following statements being correct:

Your details

You have made a profit in the last 12 months

You have not made any redundancies in the last 6 months or plan to make any redundancies in the next 12 months?

You use external Human Resources consultants or legal advisors to review all employment terminations

You communicate written employment and grievance policies to all new and existing employees

Other than equity partners/directors, all duties are segregated so that dual controls exist on signing cheques above £2,500 and issuing instruction for disbursements of assets or funds

After full enquiry you or any of your directors, trustees, officers, or employees are not aware of any fact or circumstance that may lead to a claim under the proposed policy

Claims

In the last 5 years have there been any claims or investigations made against you or against any directors, trustees, officers or employees that this policy might have covered if it had been in force?

Yes / No

Number of Patients

Please state your current number of registered patients:

Data Protection Notice

This notice explains how AXA may use the information you have provided for this policy.

AXA Insurance UK plc is a member of the AXA Group. In order to supply your quote and then administer your insurance policy we will hold and use information including sensitive personal data (such as claims information) you have provided and may send it in confidence for secure processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area.

AXA Insurance UK plc may occasionally contact you with details of our other products and services. We may also provide information provided to you by selected third parties. If you do not wish to receive such information please write to us at the following address.

AXA Insurance
Marketing Department
47 Mark Lane
London
EC3R 7QQ

Declaration

Please read this declaration carefully and then sign below. You should also show this declaration to anyone else covered by this insurance.

I/We have read the statement of fact (including the declaration) supplied.

I/We agree that the policy, the policy schedule, statement of fact and the proposal form (where one has been completed) will be the basis of the contract between me/us and AXA Insurance UK plc.

I/We understand that all relevant information, which is information that may influence AXA Insurance UK plc in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I/We declare that all particulars given on this statement of fact, whether made by me/us or on my/our behalf are true and complete.

I/We understand that if full and true answers have not been given or if all relevant information has not been disclosed that this insurance may not protect me/us in the event of a claim.

I/We will tell you of any change to the details given before the start date of the contract.

Signature of Chairman, Managing Director, Practice Manager or equivalent

Name

Position in company

Date

 / /

Changes to this document

Please tell your insurance adviser immediately if any details in this document have changed. We may need to change the terms and conditions for your policy or premium.