

Professional Liability Insurance for Individual ACPAT Members

Full name of Proposer	<input style="width: 100%;" type="text"/>		
Business Name (if applicable)	<input style="width: 100%;" type="text"/>		
NOTE: This form is not suitable for members trading as a corporate entity – Please ask for separate application form			
ACPAT Membership No.	<input style="width: 150px;" type="text"/>	CSP Membership No.	<input style="width: 150px;" type="text"/>
Please state Membership Category	Category A	<input style="width: 80px;" type="text"/>	Category B <input style="width: 80px;" type="text"/>
Address for correspondence	<input style="width: 100%;" type="text"/>		
	Postcode:	<input style="width: 150px;" type="text"/>	
Telephone Number	<input style="width: 150px;" type="text"/>	E-mail:	<input style="width: 150px;" type="text"/>
Mobile Number	<input style="width: 150px;" type="text"/>	Fax	<input style="width: 150px;" type="text"/>
Business or Occupation - The policy provides cover for liability arising from Animal Physiotherapy only.			
Please state qualifications to undertake Animal Physiotherapy.			
<input style="width: 100%; height: 100%;" type="text"/>			

Other Information				
a) To the best of your knowledge and belief have there been any claims made against you in respect of any of the covers now proposed?	Yes	<input style="width: 50px;" type="text"/>	No	<input style="width: 50px;" type="text"/>
b) Are you aware of any existing circumstances which could give rise to a claim?	Yes	<input style="width: 50px;" type="text"/>	No	<input style="width: 50px;" type="text"/>
c) Do you undertake any work in the USA or its territories and possessions or in Canada?	Yes	<input style="width: 50px;" type="text"/>	No	<input style="width: 50px;" type="text"/>
d) Has any Insurer declined a proposal or refused to renew insurance?	Yes	<input style="width: 50px;" type="text"/>	No	<input style="width: 50px;" type="text"/>
If you have ticked answered “Yes” to any of the above questions, please provide details on a separate sheet.				
The insurers reserve the right to vary the terms of the insurance in the light of the answers given.				
Please indicate the date from which you would like your insurance to start:			<input style="width: 150px;" type="text"/>	
Please note that cover will not commence until this form has been received and accepted by LFC Graybrook Ltd (unless specifically agreed otherwise). The policy will run for 12 months from the agreed date.				

Limits of Indemnity and Cover Options				
Professional Liability Insurance (please tick limit required)	£100,000	<input style="width: 40px;" type="checkbox"/>	£500,000	<input style="width: 40px;" type="checkbox"/>
			£1 Million	<input style="width: 40px;" type="checkbox"/>
Bloodstock claims limited to £100,000 in all in any period of insurance (definition of Bloodstock animals available on request)				
Public / Products Liability Insurance				
Not included - Provided as part of PLI Cover with ACPAT / CSP Membership				
Employers Liability Cover				
If you require Employers Liability cover (£10m limit) please tick this box		<input style="width: 40px;" type="checkbox"/>	Note: this option is not available in isolation	
Number of Employees	<input style="width: 50px;" type="text"/>	Do you require cover for students?	Yes	<input style="width: 40px;" type="checkbox"/>
			No	<input style="width: 40px;" type="checkbox"/>
Please refer to your quotation letter or charges information sheet for costs.				

Declaration	
I declare that to the best of my knowledge or belief the particulars and statements given in this proposal and any other information provided in connection with this proposal are true and complete and this proposal, declaration and information shall be the basis of the contract between myself and the insurer. I agree to accept the insurer’s standard form of policy and endorsements for this insurance. I confirm that all persons carrying out activities in accordance with the Business or Occupation as defined above are suitably qualified to do so.	
Signature	<input style="width: 300px;" type="text"/>
Date	<input style="width: 150px;" type="text"/>
Important – It is necessary for you to inform us of all facts which are likely to influence us in the acceptance of your insurance. Failure to do so could invalidate this insurance. If you are in any doubt whether a fact may influence us you should disclose it.	

IMPORTANT INFORMATION

Personal Data

The insurers for policies written under this scheme are Royal & Sun Alliance Insurance plc (RSA) and Novae Underwriting Limited underwriting for certain underwriters at Lloyd's (Novae). The scheme is administered on their behalf by LFC Graybrook Ltd

To set up and administer your policy RSA, Novae and LFC Graybrook will hold and use information about you supplied by you. They may send it in confidence for processing to other companies acting on their instructions including those located outside the European Economic Area.

LFC Graybrook may also send you details of their other products and services. Please tick this box if you do not wish to receive such details.

CUE

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register. You can ask us for more information about this.

IPT

Insurance Premium Tax

The Finance Act 1994 requires us to levy Insurance Premium Tax at the prevailing rate on insurance premiums. For further information, please ask us.

HOW TO PAY

Please see enclosed Ways to Pay sheet

This scheme is administered by:

LFC Graybrook Ltd, MKM House, Baron Road, South Woodham Ferrers, Essex CM3 5XQ

Tel: 01245 321185 Fax: 01245 322240

LFC Graybrook Ltd is an Appointed Representative of LFC Insurance Brokers Ltd who are authorised and regulated by the Financial Services Authority. Registered no. 301666

**Underwritten by Royal & Sun Alliance Insurance plc (No. 93792) – Lead Insurer
Registered in England and Wales at St. Mark's Court, Chart Way, Horsham. RH12 1XL
Authorised and regulated by the Financial Services Authority**

and

**Novae Underwriting Limited underwriting for certain underwriters at Lloyd's
Registered in England No. 3043816**

**Registered Office: 71 Fenchurch Street, London EC3M 4HH
Authorised and regulated by the Financial Services Authority**