

Annual Premiums

The Insured - The Medical Practice

The following sections are available as inclusive in the package product designed for surgeries;

- Employment Disputes
- Health and Safety
- Jury Service Allowance
- Wrongful Arrest
- Pension Trustee Defence
- Personal Injury
- Property
- Data Protection
- Practice Tax Disputes

Available at a premium inclusive of Insurance Premium Tax:

Please tick your requirement

0-5	Employees	£199.50	<input type="checkbox"/>
6-10	Employees	£288.75	<input type="checkbox"/>
11-15	Employees	£420.00	<input type="checkbox"/>
16-20	Employees	£556.50	<input type="checkbox"/>
21-25	Employees	£682.50	<input type="checkbox"/>

Additional Employees - £22.05 per additional employee.

Payment

Payments can be spread over 12 months by Direct Debit. Please ask for details. Alternatively, please telephone 01245 260117 with your credit card details or simply send this completed form with your cheque made payable to Pulse Independent.

Insured - The Doctor

Please remember that Tax Disputes cover is available for individual doctors (if the medical practice is insured as above) at a premium of £42 including Insurance Premium Tax.

This declaration must be signed by each Doctor in the practice

I/We warrant that after enquiry, there is no cause, event or circumstance which to my/our knowledge may give rise to a claim being made under this insurance.

(If any Doctor is aware of an investigation during the last 3 years, or impending, then please supply full details on separate sheet and attach to this proposal.)

Insurers must be provided with all material facts which are likely to influence the acceptance of this Proposal or the premium or other terms imposed. Failure to give this information may give Insurers the right to reject any claims made or void the policy altogether. If there is any doubt about a particular fact it should be disclosed to Insurers.

I/We hereby agree that this declaration shall form, subject to my/our acceptance of the quotation, the basis of the contract between me/us and Insurers and I am/we are willing to accept a policy subject to the terms, conditions and exceptions prescribed by Insurers therein.

Full name or each Doctor/ Partner in the Practice	Signature	Date
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Address		
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No. of Employees		
Practice Manager	Signature	Date
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Please enrol me/us		
Do remember to enclose a cheque payable to: Pulse Independent I.F.A. so that we may put you on risk immediately.		

