

PROFESSIONAL INDEMNITY INSURANCE - PROPOSAL FORM

for Pharmacists and Pharmacy Risks

Important Facts Relating To This Proposal Form

You should read the following advice before proceeding to complete this proposal form.

Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty to disclose to the insurer every matter that You know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

Non-disclosure

If You fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Claims Made and Notified Basis of Coverage

The Professional Indemnity Insurance Policy is issued on a 'Claims made and Notified' basis.

This means that the Insuring Clause responds to:

(a) claims first made against You during the policy period and notified to the insurer during the policy period, provided that You were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him / her; and:

(b) written notification of facts. The facts that You may decide to notify, are those which might give rise to a claim against You. Such notification must be given as soon as reasonably practicable after You become aware of the facts and prior to the policy's period of cover has expired. If You give written notification of facts, the policy will respond even though a claim arising from those facts is made against You after the policy has expired.

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against You may have occurred during the policy period.

You will not be entitled to indemnity under Your new policy in respect of any claim resulting from an act, error or omission occurring or committed by You prior to the retroactive date, where one is specified in the policy terms offered to You.

DETAILS OF THE PROPOSER (hereinafter referred to as 'You')

Title	<input type="text"/>	Name	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>	ID/Passport No.	<input type="text"/>		
Address <small>(including postcode)</small>	<input type="text"/>				
Landline No.	<input type="text"/>	Mobile No.	<input type="text"/>		
Email address	<input type="text"/>	Occupation	<input type="text"/>		
Trading Name	<input type="text"/>				
Address of the Pharmacy	<input type="text"/>				
If cover is required for more than one location, please list all the addresses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

Number of qualified practicing pharmacists

Are You a member of the Malta Chamber of Pharmacists and/or the Malta Pharmaceutical Association? Yes No

What is Your total gross annual income? *(if new business, please state estimated income for the forthcoming twelve months)*

Previous Financial Year: Current Financial Year: Next Financial Year:

Please state the type of work You undertake and the approximate breakdown of each category of work undertaken:

	Previous Financial Year	Current Financial Year	Next Financial Year
Retail Pharmacy	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Locum	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
State hospital / clinic	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Pharmacy assistant	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Pharmacy student	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Industrial Pharmaceutical Concerns	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Other	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

Please advise if You undertake any of the non-pharmacist services:

- | | | | |
|--|--|------------------------|--|
| Acupuncture | <input type="checkbox"/> Yes <input type="checkbox"/> No | Beauty treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Audiometric testing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Child nursing services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cholesterol testing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ear piercing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Homeopathy | <input type="checkbox"/> Yes <input type="checkbox"/> No | Naturopathy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Nursing services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Podiatry | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Photo & digital image processing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Methadone dispensation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Collection agency
<i>(for a Bank or for a Health Fund not
being operated by or as an insurance
collection agency)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Any other services provided by a duly qualified and / or registered practitioner
If yes, please provide details: Yes No

If You are an employee, please state the name of the employing authority or the name of the private hospital or company for which You work

Do you operate under the Pharmacy of Your Choice Scheme organised by the Government of Malta? Yes No

CLAIMS AND CIRCUMSTANCE DETAILS

Has any claim been made against You or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates? Yes No

Have You or any principal/partner/director/consultant or employee incurred any other loss expense which might be within the terms of cover? Yes No

If yes in either case, please give details and advise what action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss. Please attach a separate sheet if necessary.

Date of Claim or loss Cost of Claim paid or loss *(if any)* Estimated Outstanding loss

Brief details of each Claim or loss

PROFESSIONAL INDEMNITY INSURANCE FOR PHARMACISTS

The role of a pharmacist was once to distribute drugs and leave the explaining to a general practitioner but today's pharmacist is an adviser when a customer needs specific information about specific drugs. A pharmacist has a lot of responsibility in that in giving advice regarding medications, he or she could be held responsible for knowing if a patient is allergic to a particular drug as well as being aware of any other medications the patient is taking that might cause a reaction when combined with a new prescription.

So who is liable and responsible if a mistake is made?

A pharmacist can be held liable for wrong advice and be subjected to a claim. It's easy to unintentionally make a mistake when it comes to reviewing a patient's prescription record; it begins with the pharmacist making sure he or she can interpret the garbled writing of a doctor and ends with making sure that the prescription will not cause a patient harm. But that's only the beginning; the pharmacist faces many other risks.

How will PI cover protect me?

A Professional Indemnity (PI) policy will protect you against most claims made by a dissatisfied customer or other people (third parties) regarding any advice you give them or by something you did that is wrong or misleading which the customer believes caused harm or financial loss. On your part, this can include:

- Negligence, omission or error (which can result in bodily or mental injury, sickness, disease or death, that is, medical malpractice, from, say, wrong prescription interpretation, wrong dosage, strength or form given);
- Dispensing, labelling, delivery, dilution, formulation, preparation;
- Counter-prescribing, the running of clinics, advising patients and other healthcare personnel;
- Providing consultancy services to GP practices, hospices and others;
- Unintentional breach of intellectual property rights (copyright, trademarks etc.);
- Loss of clients' original documents or data (these could be damaged, lost in the post or even stolen while in your care);
- Unintentional slander or libel;
- Unintentional misuse or breach of confidential information or breach of confidence;
- Dishonesty by employees (arising from any act, error or omission of named employees).

In all of the above scenarios, Professional Indemnity cover will likely protect you. Your insurance company will defend you, and even if you lose, you will still be covered for damages you are liable for as well as the legal expenses involved.

What costs will PI actually cover?

Cover is usually designed to provide you with:

- the cost of legal representation;
- associated costs, e.g. medical reports, expert witness statements, toxicology reports, chemical analysis, conferences with advocates, etc.;
- the payment of any compensation awards made against you.

Exclusions may include claims above an agreed amount, cover after the policy has not been renewed, specific excluded activities, overseas work and retroactive cover.

But how much will it cost?

€1 to €2 million worth of professional liability cover is generally considered adequate but one can go for a higher limit depending on what one can afford. The cost of the premium will depend on the:

- Type of the activity
- Turnover
- Number of employees
- Level of risk

Owing to the wide range of activities undertaken by pharmacists, the risk profiles will be different and this will be reflected in the insurance premium that is paid for. Contact your Insurance Broker for more advice and a premium quotation!