



Coverholder at **LLOYD'S**

JMM INSURANCE (IRELAND) LIMITED

LOCUM PHARMACIST

PROFESSIONAL INDEMNITY & PRODUCTS' LIABILITY PROPOSAL FORM

Harcourt Centre,
Block 4, Harcourt Road,
Saint Kevin's
Dublin 2,
D02 HW77

JMM Insurance (Ireland) Limited is authorised by the Central Bank of Ireland.

All personal data received by us is processed in line with our Privacy Notice, which is available on our website, <https://www.jmmltd.ie/>. You can also access our Privacy Notice by clicking here <https://www.jmmltd.ie/index.php/privacy-policy/>



Important information – Please read the Important Notice, the Key Facts document and About Our Insurance Services before completing this application form.

The cover will not start until we have accepted this application. We reserve the right to refuse acceptance of any application for insurance. No liability is undertaken by us in connection with this application until cover has been issued with our authority.

By completing this application, you consent to accept the policy terms and conditions. A copy of the Policy Document is available on request. You also agree that you have read the following documents: Key Facts and About Our Insurance Services.

General Information

Proposer Name:	<input type="text" value="Name"/>		
Address:	<input type="text" value="Street Name & Number"/>		
City:	<input type="text" value="City"/>	County:	<input type="text" value="County"/>
Eir Code:	<input type="text" value="Code"/>		
Home Telephone Number:	<input type="text" value="Home Number"/>		
Mobile Telephone Number:	<input type="text" value="Mobile Number"/>		
Email Address:	<input type="text" value="Email Address"/>		
Date of Birth:	<input type="text" value="Date"/>		
PSI Registration Number: (except Dispensary Assistant)	<input type="text" value="PSI Number"/>		
Date Registered with PSI:	<input type="text" value="Date"/>		
IPU Membership Number:	<input type="text" value="IPU Number"/>		



Qualifications:

Qualifications

University Attended:

Universities

Are there any claims or prosecutions currently being made against you alleging negligent act, error or omission, which may genuinely and reasonably be expected to result in a claim? Yes No

Are you aware of any circumstances which have already occurred which might genuinely and reasonably be expected to result in a claim or give rise to your involvement in a legal dispute? Yes No

Have you ever been involved in a malpractice liability, professional indemnity or public liability claim in the past? Yes No

Are you currently or have you ever in the past, been subject to any investigation or disciplinary procedures by any professional regulatory bodies? Yes No

Have you had similar insurance previously? Yes No

If you answered Yes to the above question, please provide company name and policy number:

Details

Have you ever been refused similar insurance, been quoted increased premiums or had special conditions imposed? Yes No



Have you ever been, or do you have reason to expect to be:-

- | | | |
|--|------------------------------|-----------------------------|
| a. Bankrupt, insolvent or subject of a credit judgement? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Director of a liquidated Company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Prosecuted for Health and Safety offences: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. Been convicted of or charged (but not yet tried) with a criminal offence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered Yes to any of the above listed questions, please provide details

Details

Date you wish Insurance to commence:

Date

Retroactive Date*
(if applicable)

Date

*The date from which you have held uninterrupted Professional Indemnity Insurance. In the event of a claim you will be asked to provide evidence of this insurance.



Important Notice

Before you sign the following declaration, please make sure that you have answered all the questions relating to the cover you require and not deliberately ignored information. It is essential that you disclose accurately all facts which could influence acceptance of this application or terms to be applied. If you are not sure whether to include certain information, please do so anyway. If you do not tell us something relevant, your insurance may not be valid.

Declaration

I declare that to the best of my knowledge and belief, the information provided which I have read and checked is true, accurate and complete. I am willing to accept the terms and conditions of JMM Europe policy and I undertake to pay premium when called to do so.

The signatory must be a person who is authorised to deal with your insurance policy.

Name

Full Name

Position

Position

--

Signature

Date

Date

IMPORTANT

- **Your cover will not start until we have accepted this proposal.**
- **We have the right to reject any proposal.**

Data Protection Notice

This notice is written to comply with the General Data Protection Regulations (GDPR) and provides information about how JMM Insurance (Ireland) Limited collects, uses, shares and stores personal data in the capacity as a 'Data Controller'. For further details please refer to our privacy Policy <https://jmm ltd.eu/privacy-policy/>