

JMM INSURANCE (IRELAND) LIMITED

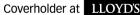
PHARMACY

PROFESSIONAL INDEMNITY & PRODUCTS' LIABILITY PROPOSAL FORM

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











Important information – Please read the Important Information below. Important Note overleaf and the fact sheet Information about our Insurance Services before completing this form.

- 1. Your cover will not start until we have accepted this proposal. We reserve the right to refuse acceptance of any proposal for insurance. No liability is undertaken by us in connection with this proposal until cover has been issued with our authority.
- 2. By completing this application, you consent to accept the Policy Terms & Conditions. A copy of the Policy Document is available on request. You also agree that you have read the policy summary and the leaflet about our insurance services.

General Information

Full Name of Proposer:	Name	
Are you a:	Sole Trader ☐ Partnership ☐	Limited Company
IPU Membership Number:	Number	
PSI Registration Number: (except Dispensary Assistant)	PSI Number	
Date Registered with PSI:	Date	
Company Name:	Company Name	
Trading Name:	Trading Name	
Address:	Street Name & Number	



Number of Pharmacies to be Insured

Please list names and addresses of all shops:

1.	Name & Address						
2.	Name & Address						_
3.	Name & Address						_
4.	Name & Address						_
5.	Name & Address						_
*Ple	ase list any other shop on	a supplementa	ry sheet.				
Dat	te you wish insurance to c	ommence:	Date				
	roactive Date* pplicable)		Date				
		Inde		e. In the event of	uninterrupted Pr a claim you will b		
	you provide Patient Care Sod Tests, Vaccinations, Blood Press				Yes 🗆	No	
	at percentage of your ann vices?	ual turnover is	made up by	these	Percentage %	1	
City:		City		County:	State/Cour	nty	
Post	Code:	Post Code					
Tele	phone Number:	Telephone	Number				
Fmai	il Address:	Email Addre	255				



General Questions

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?	Yes		No		
Have you ever been refused similar insurance, been quoted increased premiums or had special conditions imposed?	Yes		No		
Have you had similar insurance previously? If yes, please provide insurance company and policy number on the below line.	Yes		No		
What is the turnover of your company per annum?	Amou	ınt			
If you have answered Yes to questions 1 – 3, please give full details on a supplementary sheet of paper and sign and date it. Have you ever been, or do you have reason to expect to be:-					
a. Bankrupt, insolvent or subject of a credit judgement?	Yes		No		
b. Director of a liquidated Company?	Yes		No		
	Yes Yes		No No		
b. Director of a liquidated Company?					
b. Director of a liquidated Company?c. Prosecuted for Health and Safety offences:d. Been convicted of or charged (but not yet tried) with a criminal	Yes Yes		No		



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	Position
Full Name	Position
	Date
Signature	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://jmmltd.eu/privacy-policy/