



London Market

Broker at **LLOYD'S**

Individual
Orthopaedic
Surgery Medical
Malpractice



Orthopaedic Surgery Activity Addendum

Please provide the following details:

1. Please advise if you are employed by the NHS as a Consultant Orthopaedic Surgeon						
2. Activity related to Private (Non Indemnified) and NHS (Indemnified) Work						
AREA OF SURGERY	Your expertise in this field would best be described as:			Approximate number of procedures you perform/year in Private Practice	Approximate % of your work in each area of surgery in Private Practice and NHS	
	Major	Minor	None		Private Practice	NHS
Hip					%	%
Knee					%	%
Ankle/Foot					%	%
Spinal					%	%
Trauma					%	%
Shoulder					%	%
Elbow					%	%
Wrist/Hand					%	%
Sports Injuries					%	%
Cancer Surgery					%	%
Other, please elaborate:					%	%
					100%	100%
3. Please advise if you have ever undertaken individually or as part of a team any form of spinal surgery or treatment?						
4. Do you use or have you ever used Metal on Metal hip implants						

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto).

I/We acknowledge that any deductible applied to my/our insurance policy is inclusive of all legal costs and I/we are financially responsible for paying this amount.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director: _____

Date: _____

Print Name: _____

Position: _____

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