



London Market

Broker at **LLOYD'S**

Surgeons
Medical
Malpractice
Addendum



Section 1 - Clinical activities - Non-Elective

Please complete the below in relation to your private (non-state indemnified) and NHS (state indemnified) work below:

Activity	Approximate number of surgeries performed each year	Approximate surgical split	
		Private	NHS
Aortic aneurysm		%	%
Bariatric surgery - gastric balloon		%	%
Bariatric surgery - gastric band		%	%
Bariatric surgery - gastric bypass		%	%
Bariatric surgery - gastric sleeve		%	%
Breast surgery (all)		%	%
Bypass surgery		%	%
Carotid Endarterectomy		%	%
Cholecystectomy		%	%
Colectomy		%	%
Endoscopy		%	%
Gastrectomy		%	%
Haemorrhoids		%	%
Hernia repairs		%	%
Liver surgery		%	%
Lumps and bumps removal		%	%
Maxillofacial (specify procedures)*		%	%
Oesophagectomy		%	%
Orthopaedic (non-spinal)*		%	%
Orthopaedic (spinal)*		%	%
Other colo-rectal		%	%
Other endocrine		%	%
Other upper G-I		%	%
Thyroid/Parathyroid		%	%
Varicose Vein surgery		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%

For activities marked with a * please use blank page at the back to specify procedures/body parts for orthopaedic and split of work.

Section 2 - Clinical Activities - Elective Cosmetic Surgery

Please complete the below in relation to your private (non-state indemnified) and NHS (state indemnified) work below:

Activity	Approximate number of surgeries performed each year	Approximate surgical split	
		Private	NHS
Abdominoplasty			
Full		%	%
Mini		%	%
Arm/thigh/buttock lift		%	%
Bariatric			
Gastric balloon			
Gastric band		%	%
Gastric bypass		%	%
Gastric sleeve		%	%
Blepharoplasty		%	%
Breast			
Augmentation		%	%
Implant removal		%	%
Mastoplasty		%	%
Reduction		%	%
Gynecomastia		%	%
Inverted nipple correction		%	%
Facial			
Cheek/chin/nasal implants		%	%
Pinnoplasty/Otoplasty		%	%
Implants			
Buttock		%	%
Calf		%	%
Gluteal		%	%
Pectoral		%	%
Liposuction		%	%
Nose			
Rhinoplasty		%	%
Septo-rhinoplasty		%	%
Penile enhancement			
Rhytidectomy (Face lift)*			
Brow lift		%	%
Thread lift		%	%
Mini lift		%	%
Full facelift		%	%
Vaginal			
Clitoral hoodectomy		%	%
Labiaplasty		%	%
Vaginoplasty/Vaginal tightening		%	%
G-spot amplification		%	%
Varicose veins		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%

For activities marked with a * please use blank page at the back to specify procedures/body parts for orthopaedic and split of work.

Section 3 - Clinical Activities - Non-Surgical

Please complete the below in relation to your private (non-state indemnified) and NHS (state indemnified) work below:

Activity	Approximate number of surgeries performed each year	Approximate surgical split	
		Private	NHS
Botox/ Hyperhydrosis			
Full		%	%
Mini		%	%
Carboxytherapy		%	%
Cellulite and body contouring		%	%
Chemical Peel		%	%
Cryolipolysis		%	%
Dermal Fillers (Permanent)		%	%
Dermal Fillers (Temporary/Semi Permanent)		%	%
Dermal roller		%	%
Injectable Tissue Stimulators		%	%
Laser / IPL Treatment Pigmented/Vascular Problems		%	%
Laser Hair Removal (Ablative) (skin types 1-4)		%	%
Laser Hair Removal (Ablative) (skin types 5-6)		%	%
Laser Hair Removal (Non Ablative – IPL, LHE,LED) (skin types 1-4)		%	%
Laser Hair Removal (Non Ablative – IPL, LHE,LED) (skin types 5-6)		%	%
Laser Lipolysis - Aspirate		%	%
Laser Lipolysis - Non Aspirate		%	%
Laser Tattoo Removal (skin types 1-4)		%	%
Laser Tattoo Removal (skin types 5-6)		%	%
LED Acne Treatment and Skin Repair/ recovery		%	%
Macrolane			
Breast		%	%
Penis		%	%
Other		%	%
Medical Skin Needling		%	%
Mesotherapy		%	%
Micro-Current Machines		%	%
Microdermabrasion		%	%
Microsclerotherapy		%	%
No-Needle Mesotherapy		%	%
Radiofrequency For Facial Rejuvenation		%	%
Scar Prevention and Treatment		%	%
Sclerotherapy		%	%
Thread Lifting		%	%
Vaser lipolysis		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%
Other (please specify)		%	%

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: _____

Please use this page for any additional information requested in the proposal form or that Insurers might otherwise need to be made aware of.
