

# Pharmacy Professional Indemnity Insurance – Ireland



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 Questions

Please use **BLOCK CAPITALS**

Full name of proposer: Mr/Mrs/Miss/Ms/Dr.....

IPU Membership Number

Are you a **Sole trader**  **Partnership**  **Limited Company**  (please tick appropriate)

Company Name.....

Trading Name.....

Head Office/Head Pharmacy Address .....

.....

.....Postcode.....

Head Office/Head Pharmacy Tel no.....Fax no.....

Email Address.....

### Number of pharmacies to be insured

Please list names and addresses of all shops

1.....

2.....

3.....

4.....

5.....

(please list any other shop on a supplementary sheet)

Date you wish insurance to commence.....

How did you hear about NPA Insurance Ltd.....

Proposal form

1. 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
2. Are you aware of any circumstances which have already occurred which might genuinely and reasonably be expected to result in a claim? Yes  No
3. Have you ever been refused similar insurance, been quoted increased premiums or had special conditions imposed? Yes  No
4. Have you had similar insurance previously? Please give details (insurance company and policy number)  
.....  
Yes  No
5. Does your business turn over more than €4m per annum (this is for declaration purposes only and will not affect your eligibility for cover)? Yes  No

**If you have answered Yes to questions 1 - 3, please give full details on a supplementary sheet of paper and sign and date it.**

### Declaration

I have read this proposal form and checked the answers given. As far as I know, the information on this form is accurate, true and complete. This proposal and declaration will be the basis of the Policy.

Signature ..... Date .....

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

### Price

The cost of the policy is €422.45 plus 3% Insurance Levy per pharmacy

### Payment Details

Please enclose a cheque for the full amount of €435.12 (including Insurance Levy per pharmacy), payable to NPA Insurance Ltd

### NPA Insurance Ltd

Mallinson House  
38-42 St Peter's Street  
St Albans  
Herts  
England  
AL1 3NP

Tel: **1800 946818** (Freephone)

**www.npa.co.uk**

NPA Insurance Ltd is authorised and regulated by the Financial Services Authority. Head and registered office: Mallinson House, 38-42 St Peters Street, St Albans, Herts AL1 3NP. Registered in England No. 64269. Regulated by the Irish Financial Services Regulatory Authority.