

Locum Cover Insurance for The Independent Pharmacist



LOCUM COVER INSURANCE

for Pharmacists

arranged by **CBG London Ltd t/as Marcus Hearn**

This insurance is Underwritten by Certain Underwriters at Lloyd's.

Application

Please complete this form carefully and correctly. Disclose all material facts which are likely to influence our acceptance and assessment of your application. In fact in doubt about whether a fact is material you should disclose it - omission or mis-statement could affect claims settlements or the validity of your cover.

Business Name

Address

Mr/Mrs/Ms/Miss/Other Name of person to be insured

Telephone No: Date of Birth

Height Weight Alliance Healthcare No

Is the person to be insured in sound health and free from mental, physical or nervous defect or infirmity? Yes No
If "No" give details below

In respect of the person to be insured, has any Personal Accident, Illness or Life Assurance been declined, terminated or made subject to special terms? Yes No
If "Yes" give details below

Please give details of any illness, accident or treatment sustained during the last 5 years.
(If none, please write NONE).

If further space is needed, please continue on a separate sheet(s).

Date	Circumstance	Injury/Illness/Condition	Treatment or Advice	Period of Disablement

BENEFIT LEVEL REQUIRED £ per week OFFICE USE

CERTIFICATE NUMBER

Declaration: I declare that to the best of my knowledge and belief, the statements made in this application are true and complete and that I will give notice to the Company of any material change in my health.

Signature Date

Policy Summary

Some important facts about your Locum Insurance Policy are summarised below. This summary does not describe all the terms, conditions and exclusions of your policy so please take time to read the Policy Document to make sure you understand the cover it provides.

The Policy is valid for a calendar year unless stated otherwise and Underwritten by Certain Underwriters at Lloyd's.

About Your Policy

The Policy provides cover following bodily injury or sickness which results in total disability within the period of Insurance and necessitates the Policyholder to employ a Locum. This Insurance only relates to the benefits of the Insurance which you request and we agree to insure.

The Policy provides cover for:

- A weekly benefit (Temporary Total Disablement) payable for a maximum of 26 weeks

Sums Insured and Premiums

Level	Maximum Benefit Per Week	Annual Premium(Per Person) Including Insurance Premium Tax At the current rate.
1	up to £500	£ 253.00
2	up to £750	£ 364.00
3	up to £1000	£ 467.00

How to Join the Scheme

Complete an application for each person to be insured and return together with payment in respect of the premium applicable to:

Marcus Hearn, Marcus Hearn House, 65-66 Shoreditch High Street, London E1 6JL.

Telephone Number: 020-7739-3444 Fax Number: 020-7256-0460.

Credit card payment facilities are available - contact Marcus Hearn for details.

Significant Exclusions or Limitations

We will not pay for the following:

- The first seven days of any period of disablement.
- Claims arising out of Intentional Self Injury, Suicide or an Insured Person having taken a drug unless it is taken on proper medical advice or instruction and is not for the treatment of drug addiction.
- Claims in respect of sickness will only be paid should the illness first manifest itself during the policy period.
- The maximum age of any insured person shall not exceed 65 years of age.
- Any illness contracted within 28 days of the commencement of cover unless this certificate immediately supersedes similar annual Insurance offered by the Master Certificate holder.
- Any Insured Person not actively at work at inception of the Certificate will not be covered hereunder until they actually return to work. Their subsequent inclusion in the coverage shall be subject to the illness condition exclusion. Benefit shall not be payable in respect of any Insured Person who ceased to be a director or employee of the specified Pharmacy prior to the accident or illness giving rise to the claim.

Cancellation Right

We hope you are happy with the cover this Policy provides, please check that this Insurance fulfils your requirements. You do have the right to cancel it within 14 days of receiving this Policy without giving any reasons. If this is the case, we will refund your premium, first deducting a charge for the cover provided from the beginning of the contract until the Policy is cancelled.

Making a Claim

In the event of a claim contact should be made with Underwriters appointed Claims Adjusters:

Van Ameyde UK Ltd
34 The Mall, Bromley
Kent BR1 1TS.

Telephone No. 020-8315-0732

Adjusters must be notified in writing as soon as the Insured Person is aware of any occurrence which may give rise to a claim and in any event within 30 days.

How to Make a Complaint

Any enquiry or complaint should be addressed in the first instance to CBG London Ltd t/as Marcus Hearn. If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without Prejudice to your rights in law. The address is:-

Policyholders & Market assistance Lloyd's Market Services, Lloyd's, One Lime Street, London. EC3M 7HA
Telephone No. 020-7327-5693. Fax No. 020-7327-5225. E-Mail. Complaints@Lloyds.com

Complaints that cannot be resolved by the Policyholders & Market assistance Lloyd's Market Services may be referred to the Financial Ombudsmen Service. Further details will be provided at the appropriate stage of the complaints process. This complaints procedure is without prejudice to your right to take legal action.

Compensation Scheme

We are covered by the Financial Service Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim. You can get more information about the compensation scheme arrangements from FSCS.