

Your Policy Information

Miss Ewa Obel
 66 Dresden Close
 Corby
 NN18 9EN

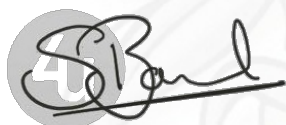
December 30th, 2021

Dear Miss Obel,

We'd like to take this opportunity to thank you for choosing MMI 4u.

As a professional, independent insurance broker, we pride ourselves on maintaining long-term relationships with our clients; adjusting their coverage as personal, business or professional changes take place. Should you have a change of circumstances or become aware of any material changes that may affect this quote, you should advise us straight away. We would be glad to review your policy at any time and should you feel that the amount of cover is not adequate for your requirements, please contact us on 02071 185247 and we will be more than happy to discuss this with you.

Yours sincerely,



Dated as of 30/12/21

The MMI 4u team.

Policy Number
9244-74119obel

Name of Policy Holder
Ewa Obel

Total Premiums
£145.01

*Including Insurance Premium
 Tax*

Profession Area
Phlebotomist

Inception Date
30/12/2021

Renewal Date
29/12/2022

Policy Type
New Policy

Opening Hours
**Monday – Sunday
 8am – 8pm**

Claims lines open
8am – 8pm

Contact Numbers
**London (South)
 02071 185247**

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**Nottinghamshire (Midlands)
 01773 810072**

Our Capacity and Services

The capacity in which we are acting

As an insurance intermediary we usually act as your agent and are therefore subject to the law of agency which imposes various duties on us. In certain circumstances we may act for and owe duties of care to insurers as we act as your agent for sourcing a suitable policy (when we get quotes for you), placing the insurance and in the event of any claims. It's important that you're aware of this should any of these circumstances occur so you will be aware of any possible conflicts of interest.

Fair Presentation

It is important that you tell us everything about you and what you want to insure, including any specific concerns that led you to seek cover. To do this you need to answer all questions we ask you accurately and to the best of your knowledge and ability by making specific enquiries of partners, directors and senior management involved in the business and its subsidiaries.

You must tell us of anything that may be relevant or important for insurers to know so that they can make decisions on whether to offer cover, the type of cover to offer, the terms to be applied and the required premium. If you don't do this and a relevant piece of information is missed then you may not be covered correctly, your insurance may be invalid or you may be charged a higher premium. If you are in any doubt/not sure then just tell us. For example, you should inform us of any different, special or any unusual aspects of your business activities in comparison to what would be considered 'typical' in the market place for your trade, business or profession.

IMPORTANT

- For the full wordings of special conditions, exclusions, limitations and all other conditions, please refer to the "Additional Information" section of your Premium Information on page 4. Most policies contain certain conditions, sometimes called warranties, clauses and/or exclusions, all warranties will become 'suspensive conditions'. This means that cover is suspended for the period during which the warranty is not complied with and means that an insurer will be liable for losses that take place after a breach of warranty has been remedied, assuming that a remedy is possible. Failure to comply with a condition of your policy can result in a claim not being paid, or only part paid. The Insurer cannot only reject your claim but in certain circumstances void the policy as a whole.

Your duty to notify us about certain facts regarding convictions, bankruptcy proceeding and refusals of Insurance cover

You must notify us with the relevant details if your business or any company in the same group as your business, or any director or partner of your business or any group company (either personally or In any business capacity) has ever been, or is during the period of insurance:

- declared insolvent or bankrupt or the subject of bankruptcy proceedings
- the subject of a County Court judgment (or Scottish equivalent), or if there are any proceedings pending
- a director or partner in any business which is or has been the subject of a winding up or administrative order, or receivership or other insolvency proceedings
- convicted or charged with any criminal offence, or have a prosecution for such an offence pending, (except for the Road Traffic Act offences of parking or speeding on one occasion if there are no convictions)
- prosecuted or served with a notice of intended prosecution, or a prohibition notice In connection with a breach or alleged breach of any health and safety legislation
- refused or declined insurance cover or has or has ever had insurance cancelled, renewal refused or had special terms imposed.
- This is very important because if you fail to notify us of any of the circumstances above, your insurance claim may be reduced or not paid, additional terms may be imposed or your policy cancelled. Please note that spent convictions do not need to be disclosed.

Policy Details

General Policy Information	
Client Name	Miss Ewa Obel
Policy Number	9244-74119obel
Profession	Phlebotomist
Email	ewaobel1@gmail.com
Phone Number	07596405103

Your policy is based on the information you provided us in your quotation. To view this information in full please see the Statement of Facts section of this document. Unsure of any details? Call one of our helpful advisors on 02071 185247.

Documents Included

UK Medical Malpractice & Policy Wording

This details the Insurer's policy wording and definitions of insurance coverage.

Terms of Business

By taking out this insurance policy you have entered into a contract with us. This document provides the terms and conditions between you and us, information about us, our services and costs, your rights and how to exercise them.

Verification

Providing verification of your insurance.

Schedule

Giving an outline of the cover provided under the policy.

Receipt

Providing receipt of any payments made regarding your policy.

IMPORTANT: Please ensure you read all documentation and contact us immediately should you have any queries.

Premium Information inc. any mandatory clauses, exclusions, definitions & interpretations

Your Premium Details	
Policy Number	9244-74119obel
Insurance Type	Phlebotomist Medical Malpractice Insurance Including Public & Products Liability Insurance
Insurer	Everest Insurance (Ireland) DAC
Indemnity Limit	£2,000,000.00 any one claim and in the annual aggregate inclusive of Legal Costs
Premium	£125.01
12.0% Insurance Premium Tax (IPT)	£15.00
Policy Fee	£5.00
Amount Due	£145.01
Additional Covers	
Commercial Legal Protection	<i>Not Insured</i>
Total Premiums	
Total Premiums <i>- including local taxes</i>	£145.01
Any mandatory clauses, exclusions, definitions & interpretations	<i>See following pages</i>
Policy Excess	£0

Premium Information inc. any mandatory clauses, exclusions, definitions & interpretations

Medical Malpractice Mandatory Clauses

- Sanctions Clause
- UK Law and Jurisdiction Clause

Medical Malpractice Mandatory Exclusions

- | | |
|---|---|
| 1. Known Claims and Circumstances | 16. Deductible |
| 2. Public Liability | 17. Cyber Liability |
| 3. Aircraft and watercraft | 18. Euthanasia |
| 4. Motor Liability | 19. Professional advise ad design for a fee |
| 5. Products Liability | 20. Substance Abuse |
| 6. Harassment Molestation or Discrimination | 21. Employers Liability |
| 7. Debt or Financial Obligation | 22. Return of Fees |
| 8. Insolvency | 23. Other indemnity |
| 9. Claims by and Insured | 24. Non Registered Practitioners |
| 10. Data Protection | 25. Asbestos |
| 11. Maintaining Insurance | 26. Nuclear radioactive contamination |
| 12. Transmission of Communicable Diseases | 27. War, political risks and terrorism |
| 13. Wrongful Detention | 28. Fines and penalties |
| 14. Claims against medical practitioners | 29. Liability assumed under agreement |
| 15. Prior Acts | |

Coronavirus & Pandemic Exclusion

This policy does not apply to liability arising out of:

1. the actual or alleged transmission of any coronavirus disease (COVID-19) or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) or any mutation or variation thereof.
2. any epidemic or pandemic regardless of when declared; or
3. any fear or threat of a) or b) above d. any anxiety caused by a) or b) above
4. any anxiety caused by a) or b) above

This exclusion applies even if the **claims** against **you** allege negligence or other wrongdoing in the:

1. Supervision, hiring, employing, training or monitoring of others that may be infected with any disease or virus described in a) or b) above;
2. Testing for any disease or virus described in a) or b) above;
3. Failure to prevent the spread of the disease; or
4. Failure to report the disease to the authorities.

Amounts deductible

Product	Deductible any one claim
Medical Malpractice Liability Insurance	Nil
Commercial Legal Protection	Nil

Cover Applicable

The information below shows the cover you have selected under this insurance and in respect of the products purchased, it shows the maximum amounts payable under each product. Other maximum amounts payable may apply and these can be found in your policy wording(s).

Product	Maximum amounts payable
Medical Malpractice Liability Insurance	£2,000,000.00
Commercial Legal Protection	<i>Not Insured</i>

Your statement of facts

Information

This statement of facts together with the quotation shows the information you have provided us.

You must read this statement of facts carefully in conjunction with the quotation and check to ensure all the details are correct. If any of the information in this document is not correct, please tell your insurance advisor/intermediary or adviser in order to ensure the cover meets your needs.

If you fail to advise us of any inaccuracies or omissions, your policy may not protect you in the event of a claim.

If the level of cover that you have selected is not adequate, this may result in the amount that we pay you being reduced in the event of a claim.

Disclosure Statement

The proposer(s), or any partner, or any director, or any officer, have:

- a. never been declared bankrupt or disqualified from being a company director
- b. no outstanding County Court Judgements(s) or Sheriff Court Decree(s)
- c. never been officers of a company that has been declared insolvent, or had a receiver or liquidator appointed, or entered into arrangements with creditors in accordance with the Insolvency Act 1986 never been convicted or have any prosecutions pending or been given an official police caution, in respect of any criminal offence other than motoring offences
- d. never had any insurance proposal declined, renewal refused, had any special or increased terms applied or had insurance cancelled or avoided by Underwriters
- e. never had any prosecution, prohibition notice or improvement order placed on them under any Health & Safety Legislation within the last 5 years.

Question / Detail	Answer
Quote Reference Number	9244-74119obel
Section 1 - PERSONAL DETAILS	---
Title	Miss
First Name	Ewa
Last Name	Obel
Email	ewaobel1@gmail.com
Phone Number	07596405103
Date of Birth	30/09/1993
Address	66 Dresden Close, Corby, NN18 9EN
Please tick this box if you would like to hear from us regarding all the latest MMI 4u news, offers and tips. (Marketing Preferences)	Box ticked: No
I agree to the Privacy Policy, Terms and Conditions and Terms of Business	Box ticked: Yes
Section 2 - EMPLOYMENT	---
What is your profession?	Phlebotomist
Does the above profession accurately describe the work you undertake?	Yes
Are you qualified to perform the services you provide / intend to provide?	Yes
Will you be working under the supervision of an appropriately qualified phlebotomist or medical practitioner?	Yes
Are you required by law to register with the appropriate healthcare regulator in order to perform such services?	No
Is your business located in the United Kingdom?	Yes
What is your total gross annual income excluding income from the sale of goods?	£7,000.00
Do you wish to cover past work?	Yes
Retroactive date	09/10/2019
Have you held continuous claims made cover from the above date? (proof may be required)	No
Section 3 - GENERAL QUESTIONS	---
Please advise the date that cover is required to start	30/12/2021
Do you treat any high profile individuals?	No
Do you treat any professional sports players or work for any professional sports club?	No
Does any of your work take place in prisons?	No

Question / Detail	Answer
Do you undertake any work for the NHS?	No
What percentage of your work is with the NHS?	0%
Do you want to include medical malpractice insurance for other Phlebotomists working for your business?	No
Which of these categories best describe your business?	Sole Trader
Has any claim, whether successful or not, ever occurred or been made, or threatened, against you or your predecessors in business, or in any past or present partner, principal, director or employee in respect of any risk to be insured (whether previously insured or not)?	No
Are you aware of any circumstances or complaints against you?	No
Have you ever been convicted or have any prosecutions pending or been given an official police caution, in respect of any criminal offence other than motoring offences?	No
Has any insurer ever declined a proposal or renewal from you, required an increased premium, imposed special terms or cancelled an insurance?	No
How much is your current medical malpractice insurance premium? (if applicable)	<i>Not Answered</i>
How much is the best quote you have received until this point? (if applicable)	<i>Not Answered</i>
How did you hear about us?	---
How did you hear about us?	Google
Section 4 - QUOTES	---
Medical Malpractice Selected Limit	£2,000,000.00
Premium	£145.01
Section 5 - COMMERCIAL LEGAL PROTECTION	---
Do you require cover for commercial legal expenses, limit of indemnity £100,000 any one claim?	No
Section 6 - CONFIRMATION	---
Tick to confirm you have read the stated MMI 4u declarations and disclosure statement	Yes
Tick to confirm you have read your quotation (including Statement of Facts)	Yes
Tick to confirm you have read the Medical Malpractice & UK Healthcare Policy Wording	Yes
Tick to confirm you have read the Terms of Business documents	Yes
Total Premium	---
Total Premium	£145.01