

This is an application for coverage with Hiscox’s Bermuda based Healthcare Team.
 If you have any questions on this application, please ensure that you talk to your Insurance Broker.

A. Name of Applicant	<input type="text"/>
B. Principal Address	<input type="text"/>
C. Website	<input type="text"/>
D. Risk Management Contact and Telephone	<input type="text"/>
E. Captive Name and Domicile (if applicable)	<input type="text"/>

F. Does the applicant anticipate expansion of services or capacity, including new construction?	<input type="text"/>
G. Please describe the Physician Relationships including insurance buying/limits	<input type="text"/>

Please ensure the following are included with the application:

Most recent Actuarial Study	Attached	Not Applicable
Most recent Audited Financial Statement	Attached	Not Applicable
Most recent Captive Financial Statement, if applicable	Attached	Not Applicable
Requested Coverage Specifications, including non-HPL coverage lines/retentions	Attached	Not Applicable
10 years of losses in Excel format valued within the last 90 days, including non-HPL coverage lines losses	Attached	Not Applicable
10 years of exposure data (unless Actuarial Study provided)	Attached	Not Applicable
Narrative on all losses with a value of \$1m or more (paid or reserved), and reserve history if available	Attached	Not Applicable

The undersigned warrants to the best of their knowledge that all statements in this application, and any supporting information referenced above are true. If facts are to change during or subsequent to the quoting process, it is the applicant’s responsibility to update that information.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of authorised representative of the applicant	Title	Date