PFI/PPP Operational Hospital or Healthcare Liability
Questionnaire

ZURICH

Zurich Infrastructure Unit, provides single line or multi-class insurance programmes for PPP and Infrastructure projects during construction and/or operational phases on a single project or portfolio basis.

We insure projects in sectors such as healthcare, schools universities and college buildings, roads, street lighting, courts, public buildings, library & leisure centres, custodial, waste, social and military housing tram/light rail, police and fire stations Local Authority and MoD assets.

Introduction

1 Important information about completing this questionnaire

The intention of this questionnaire is to obtain information relating to your business.
Please complete the questionnaire supplemented by additional information and documentation as appropriate.

2 Duty of disclosure

(i) In addition to providing all basic information necessary to enable us to assess the risk, you must disclose all material matters relating to the risk and satisfy yourself as to the accuracy and completeness of the information you provide to us.

(ii) If you are in any doubt as to whether a fact is material you should disclose it.

3 Questions

All questions should be answered. Please state if 'not applicable'.

If there is inadequate space on the questionnaire page provided, please use a supplementary sheet.

Zurich Infrastructure Unit

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A public limited company incorporated in Ireland Registration No. 13460.

Registered Office: Zurich House, Ballsbridge Park, Dublin 4 Ireland. UK Branch registered in England and Wales. Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Authorised by the Irish Financial Regulator and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. FSA registration number 203093. These details can be checked on the FSA's register by visiting their website www.fsa.gov.uk/register or by contacting them on 0845 606 1234

Operational Hospital Medical Questionnaire V2.doc (10/06) TR

General information

1 Project title

2 Name of sponsors / JV partners comprising 'ProjectCo'

3 Project company

Title

Address

Phone no.

Fax no.

4 Name of public sector procurement agency (eg. health trust)

Title

Address

5a Brief description of the services delivered by the ProjectCo and the areas for which the ProjectCo has assumed responsibility

Building maintenance	☐	Grounds maintenance	☐
Electrical and UPS services	☐	Cleaning	☐
Catering	☐	Security	☐
Disposal of clinical sterile supplies	☐	Clinical services	☐
Medical gasses	☐	Car parking	☐
Medical equipment provision for patient treatment or diagnostics	☐	Portering	☐

Others (please specify) ☐

5b Where sub contractors are required to have their own insurance:

a) do you impose a minimum amount of liability insurance cover to be carried? ☐ Yes ☐ No

b) if so what is the minimum limit required? £

c) is confirmation of the insurance in place provided by the sub contactors broker or insurer?

6 Please list below activity / service provided by 1st tier sub contractors and state whether they are required to maintain their own public liability coverage

1st tier sub contractor	Activity/service	Annual payments	Own PL Insurance?	Indemnity Limit?
		£	Yes/No	£
		£	Yes/No	£
		£	Yes/No	£
			Yes/No	£

7 Please list below activity / service provided by 2nd tier sub contractors. It is expected that they would have their own insurance in place for their own property and public liability. Please advise reason if this is not the case

2nd tier sub contractor	Activity/service	Annual payments	Own PL Insurance?	Indemnity Limit?
		£	Yes/No	£
		£	Yes/No	£
		£	Yes/No	£
		£	Yes/No	£

8a Type of healthcare provided

e.g. major acute hospital, general infirmary, frail and elderly care, mental health establishment, GP, primary care ISTC etc

8b What are the number of:

patient beds in operation

Claims history

9 Claims/loss experience

Please provide details since date of financial close or for the past 5 years as appropriate

10 Please provide details of the current insurer(s), policy number and renewal date

Declaration

Please complete the following declaration.

I declare that to the best of my knowledge and belief the answers given in this questionnaire, and any documents or papers submitted represent a true position and that I have not withheld any information material to this proposal. I agree that this proposal and accompanying documents or papers shall form or partly form the basis of the insurance contract proposed,

Signed by	Date
On behalf of	
Completed by	Position
Tel no.	Fax no.
Address	

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