

UROLOGICAL SURGERY ACTIVITY ADDENDUM

Please provide the following details:

1. Please advise if you are employed by the NHS as a Consultant Urological Surgeon		Yes / No	
2. If you have answered "Yes" to Q1, please advise if you work for the NHS with as a Consultant with a sub-speciality interest?		Yes / No	
3. Please indicate your sub-speciality (there may be more than one) and what % of your activity this comprises in your NHS and Private Practice:-			
Sub Speciality	Approximate number of procedures in each area of in private practice and NHS		
	Private	NHS	
Endourology			
Urological Oncology			
Female and reconstructive urology			
Andrology			
Cosmetic Urology			
Other, please elaborate			
4. Please list below the names of the sub-speciality organisation of which you are a member:-			
5. Please state your activities related to Private (non-indemnified) and NHS (indemnified) work below:-			
Area of Surgery	Approximate number of operations you perform each year in private practice	Approx % of your work in each area of surgery in private practice and NHS practice	
		Private	NHS
Cystoscopy		%	%
TURP or ablation of prostate		%	%
Radical prostatectomy		%	%
Cystoscopic ablation/removal of bladder tumours		%	%
Endoscopic treatment of bladder or kidney stones		%	%
Circumcision		%	%

Vasectomy		%	%
Reversal of vasectomy		%	%
Hydrocoele surgery		%	%
Nephrectomy (open)		%	%
Cystectomy/Ileal conduit/bladder reconstruction		%	%
Urethroplasty		%	%
Orchidectomy/excision of testicular lesions		%	%
Female incontinence surgery		%	%
Laparoscopic nephrectomy		%	%
Transplant surgery		%	%
Renal access surgery(egL A-V fistula)		%	%
Penile surgery		%	%
Other not listed above. Please elaborate		%	%
		100%	100%
6. Do you perform gender reassignment surgery?			Yes / No
7. Do you perform penile surgery for sexual dysfunction			Yes / No
8. Do you perform cancer surgery			Yes / No
9. If you have answered "yes" to Q8, are you part of a cancer network and do you regularly attend MDT meetings?			

DECLARATION

I declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the proposer to complete this insurance.

Signature (please also print)

Date

Data Protection Act – All personal information supplied by you will be treated in confidence by W.R. Berkley Insurance (Europe), Ltd and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in the data systems of W.R.Berkley Insurance (Europe), Ltd or our agents or subcontractor