

Locum / Absence Insurance Enquiry Form

Step 1 – To obtain a Locum quotation please complete the sections below.

Step 2 – For us to contact you nearer to your renewal date please complete Renewal Date.

Step 3 – Return the completed form to MIC, Park House, 45 The Park, Yeovil, Somerset, BA20 1DF or by fax to 01935 422120 or by email to enquiries@m-i-c.co.uk

Practice Details

| | | | |
|----------------|--|--------|--|
| Practice Name: | | | |
| Contact Name: | | | |
| Address: | | | |
| Tel. No: | | Email: | |

Locum Insurance Requirements

| Name | Gender M/F | Date of Birth | Weekly Benefit | Deferred Period |
|----------------------------------|------------|---------------|-------------------------|-----------------|
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | weeks |
| | | / / | £ | Weeks |
| Current / Renewal Premium | £ | | Current Provider | |

Locum Renewal Date/...../..... (Insert date). We will contact you prior to this date.

I would also like a quotation for the following (please complete for each product):

- | | |
|--|---|
| <input type="checkbox"/> Surgery Insurance | Renewal Date/...../..... |
| <input type="checkbox"/> APMS Schedule 9 | Renewal Date/...../..... |
| <input type="checkbox"/> Staff Absence Insurance | Renewal Date/...../..... |
| <input type="checkbox"/> Home Insurance | Renewal Date/...../..... |
| <input type="checkbox"/> Landlords Insurance | Renewal Date/...../..... |
| <input type="checkbox"/> Income Protection (PHI) | <input type="checkbox"/> Life &/or Critical Illness |
| <input type="checkbox"/> Partnership Protection | <input type="checkbox"/> Legal Expenses |

FOR FURTHER INFORMATION CALL OUR ADVICE LINE ON FREEPHONE 0800 163870