



## Legal Representation and Indemnity Proposal Form

Required start date of Legal Representation and Indemnity Package:

### SECTION 1

Your application for HR and employment law benefits, offered under the Legal Representation and Indemnity (LRI) product, will be assessed and following approval, the benefits will run concurrently with the Practice Scheme Indemnity; unless prior confirmation has been provided to you by the Membership Services Department.

Please complete in BLOCK CAPITALS

Name of practice:

Registered Address:

Town:

Postcode:

Contact Name/Practice Manager:

Practice Scheme Number:

Practice list size:

Email address:

Preferred method of communication:

Letter:

Email:

We will endeavour to take your preference into account wherever possible.

Has the practice ever been subject to an employment law tribunal complaint?:

Yes:

No:

If Yes, please provide details below:

Are you aware of any employment disputes in the practice at the current time?:

Yes:

No:

If Yes, please provide details below:

## SECTION 2

### Payment

I wish to pay the subscription amount by:

Direct Debit (Direct Debit Instruction will be provided and must be completed and returned to the MDDUS)

Cheque (please cross your cheque and make it payable to MDDUS)

Instalments are payable annually, quarterly or monthly by Direct Debit from a UK bank account only.

## SECTION 3

### Declarations and acknowledgements

By signing this Legal Representation and Indemnity Proposal Form, you make the following declaration:

1. You warrant and represent to us that the information contained in this form is correct, accurate and complete and discloses all material facts and circumstances known to you or that ought to be known following a reasonable search and makes a fair presentation of the risk.
2. you acknowledge that:
  - a) MDDUS and companies within its group, including MDDUS will use the information provided in this form (including all personal data provided by you) in accordance with all applicable data protection laws and its Privacy Notice found at <https://www.mddus.com/about-us/corporate-governance/mddus-policies/mddus-group-privacy-notice> (Privacy Notice);
  - b) full details of how MDDUS and companies within its group will use the information provided in this form and your personal data (and any personal data and information provided by a previous indemnity provider) are set out in our Privacy Notice. In summary, the information will be used for the purposes of assessing risk and deciding whether to offer the organisation indemnity, to determine pricing and for providing indemnity and for bringing and defending claims;
  - c) the information included in this form may include special category data (such as health data) and/or criminal offence data;
  - d) as set out in our Privacy Notice, we do not need your consent to process your personal data where we are processing it for the purposes of putting in place an indemnity contract (including assessing risk, pricing or for providing you with indemnity) or where we are processing it to deliver services to you or because we are under a legal obligation to process it or where we have a legitimate interest to process it. If our processing does require consent, we will ask for it;
  - e) as set out in our Privacy Notice, we may need to share your personal data (including any special category data and/or criminal data) with third parties, including group companies, insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities, who will use this data for the purposes of assessing risk and deciding whether to offer the organisation indemnity, to determine pricing and for providing and administering indemnity for the defending or bringing of any claims. Please note that we will not share your claims history data with the nominated single point of contact for your organisation (if appropriate) without your consent;
  - f) you understand that this proposal is subject to approval by MDDUS and that MDDUS may require further details from you. Membership is subject to the terms and conditions advised by MDDUS;
  - g) you understand that MDDUS may request further details to carry out a verification of income levels disclosed;
  - h) you understand that MDDUS will undertake a search with a Credit Reference Agency for the purposes of verifying your identity. To do so the Credit Reference Agency may check the details that you have supplied against any particulars on any database (public or otherwise) to which they have access. They may also use your details in the future to assist other companies for verification purposes. A record of the search will be retained.

By signing this I confirm that:

- I have read and understood the Privacy Policy;
- I make the declaration listed in paragraph 1 above;
- I make the acknowledgements in paragraph 2.

Signed:

Date:

Full Name and Title:  
(Please Use Block Capitals)

It is a requirement by the MDDUS Group, in order that we might adequately look after your interests, that you sign and date this form to enable us to comply with the Data Protection Act 2018 and UK GDPR. You can view MDDUS privacy notice at [www.mddus.com/mddus-policies/privacy-notice](http://www.mddus.com/mddus-policies/privacy-notice).

If you require assistance with the completion of this form, call our Membership Services Department on 0333 043 0000.

Once complete, this proposal form for our Legal Representation and Indemnity Package should be returned by:

- Post: Membership Services Department, MDDUS, 206 St. Vincent Street, Glasgow, G2 5SG
- Email: [membership@mddus.com](mailto:membership@mddus.com)