

International Helpers (Guernsey) Trust

Medical Professional Liability



Insurance | Risk Management | Consulting

Long-Term Medical Professional Volunteer Benefits – Individual



Gallagher Charitable can help you arrange Medical Professional Liability benefits via the International Helpers (Guernsey) Trust. The Trust provides for benefits while traveling outside of the USA for both short-term and career medical missionaries and related medical personnel.

Limited to \$500,000 per occurrence with \$5,000 retention per claim, per practitioner. Applies to occurrences outside of home country and the U.S. with worldwide jurisdiction.

You are not enrolling for temporary benefits issued directly to you, an individual. There is a master policy issued to the International Helpers (Guernsey) Trust. Applicants who pay the participation fee are considered Trust participants and are covered for incidents occurring during their declared dates of participation. The benefits are still effective after they return from their trip as it does not expire. The Trust agreement is renewed annually and therefore protects participating practitioners from trailing claims.

Please see page 4 for Annual Participation Fees.

Applicants may enroll by sending the completed form below to:

Gallagher_Charitable_mpl@ajg.com

Applicants will receive an email confirmation at the completion of their enrollment. Payment may be made via a check or credit card. For check payments, please include a copy of the confirmation with the payment.

Checks should be made payable to [Gallagher Charitable](#) and mailed to:

Gallagher Charitable

ATTN: Medical Professional Liability
P.O. Box 2860
Greenville, SC 29602

Claims: In the event of a claim, please contact Gallagher Charitable International Insurance Services staff:

P: 800.922.8438 | F: 864.239.2435 | gclaims@ajg.com

www.TravelwithGallagher.com

Gallagher Charitable

Although Gallagher is willing to assist you in understanding this program, we are not soliciting your participation in the International Helpers Trust. This Trust is located in Guernsey. It is not authorized to solicit business in the United States and is not subject to regulation within the United States. The benefits provided by the Trust are only applicable while you are outside of the territorial boundaries of the United States. To participate in this Trust, it is necessary for you to contact the Trust.

Individuals Permanently Stationed Abroad

Administered by:

Medical Professional Liability



Request for Participation International Helpers (Guernsey) Trust

Sub Fund A – Medical Professional Liability (Ex-USA Occurrence/Worldwide Jurisdiction)

This general questionnaire will determine your eligibility for participation in the Trust.

Instructions for completion of participation request:

- 1) If you have an application for similar benefits dated within the past 2 years, please send us a copy as this may be used in place of this participation request.
- 2) If your answer requires additional space, please attach a separate sheet and reference the question number for the attachment.
- 3) Please note, the Trust's policy does not provide benefits for any work performed in the USA or its territories. If you perform work in the USA, it is recommended that you maintain existing coverage.
- 4) Any summary provided to you is a courtesy and is not meant to replace any formal wording or terms.

Name of proposed practitioner:	
Have you ever practiced under another name? List here:	
Date of Birth:	
Passport:	
Practitioner's Email Address:	
Home Mailing Address:	
Medical License Number:	
State or Country of Licensure:	
DEA Number (if applicable):	
Overseas Destination:	
Overseas Mailing Address:	
Expected Date of Departure:	
Expected Date of Return:	
Degree obtained from what university:	
Year Graduated:	
Degree Obtained:	
Please give details of additional post graduate qualifications:	
In what branch(es) of medicine are you licensed to practice?	
Please indicate specialty if applicable:	
Are you involved in clinical trials for which you require benefits? If yes, please provide details by attachment.	

ALTHOUGH GALLAGHER CHARITABLE IS WILLING TO ASSIST YOU IN UNDERSTANDING THIS PROGRAM, WE ARE NOT SOLICITING YOUR PARTICIPATION IN THE INTERNATIONAL HELPERS TRUST. THIS TRUST IS LOCATED IN GUERNSEY. IT IS NOT AUTHORIZED TO SOLICIT BUSINESS IN THE UNITED STATES AND IS NOT SUBJECT TO REGULATION WITHIN THE UNITED STATES. THE BENEFITS PROVIDED BY THE TRUST ARE ONLY APPLICABLE WHILE YOU ARE OUTSIDE THE TERRITORIAL BOUNDARIES OF THE UNITED STATES. TO PARTICIPATE IN THIS TRUST, IT IS NECESSARY FOR YOU TO CONTACT THE TRUST.

Please provide details of where patient records are kept, where and how they are stored, and for how long they are retained:	
Is your practice limited to work with a non-profit or charitable organization? If yes, what is the name of the organization?	
Mailing Address of Sponsoring Organization:	
If no, please describe the nature of other affiliations, and what annual fees do you receive for this work performed outside of the USA?	
Do you own, operate or administer any medical establishment? Provide details, including whether the establishment is non-profit or charitable.	
Please describe the nature of your overseas work and the percentage breakdown for each category: (i.e. private practice, emergency clinic, vaccinations, etc.)	
Please list the number of additional staff and give the details of the capacity in which they practice:	
Please list all claims during the past 10 years: (Include the date of the claim, the amount paid, and details)	
Have you or any member of your staff involved in the treatment or care of patients been the subject of or convicted of any criminal offense (other than minor traffic offenses), professional disciplinary proceedings, or inquiries? Provide details.	
Are you a member of any professional organization or registered with any self-regulating body? Please list.	
Has any application for this type of benefit ever been...	<input type="checkbox"/> Declined? <input type="checkbox"/> Cancelled? <input type="checkbox"/> Required Special Terms?
(Provide details)	

I declare that all of the statements in this request are true and no information has been withheld.

Participant Signature: _____

Date _____

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Participation Fee:

*See next page for type and class determination.

Rate Classification (Check One):	Class 1	Class 2	Class 3
Practitioner Only:	<input type="checkbox"/> \$941.85	<input type="checkbox"/> \$1,706.28	<input type="checkbox"/> \$2,656.25
Practitioner & Organization:	<input type="checkbox"/> \$1,182.15	<input type="checkbox"/> \$2,137.44	<input type="checkbox"/> \$3,324.91

Medical Professional Liability

Individuals Permanently Stationed Abroad

Medical practitioners stationed abroad for long periods may participate on an annual arrangement. Full-time volunteers that are on assignment longer than 6 months are subject to the below annual rate. Any volunteer that is on assignment under 6 months should utilize the Short-Term Individual rates as these will be more cost effective.

Participation Fee (Please Check One)

Annual Participation Fee Per Practitioner Without Organization Benefits	
Classification 1	\$941.85
Classification 2	\$1,706.28
Classification 3	\$2,656.25

Annual Participation Fee Per Practitioner Includes Organization Benefits	
Classification 1	\$1,182.15
Classification 2	\$2,137.44
Classification 3	\$3,324.91

Practitioner

Without Organization Benefits: Choosing this option provides liability protection for you as a practitioner but no benefits will extend to your sponsoring organization.

Includes Organization Benefits: Choosing this option will not only provide liability protection for you as a practitioner, but also for your sponsoring organization as a result of your actions. Please note that the \$500,000 limit is shared among all claimants for a single occurrence pertaining to an enrollee. This option does not provide an additional \$500,000 limit to your sponsoring organization.

Classifications

- 1) **Physician – No Surgery:** Chiropractor, Dentist, Registered Nurse, Nurse Practitioner, Pharmacist, Physician Assistant, physical therapy, Various Medical technicians – X-ray, CT, surgical, EMT, etc.
- 2) **Physician – Minor Surgery:** Podiatry, Emergency Medicine, Oral Surgeon, Nurse Anesthetist, Radiation Therapist.
- 3) **Specialists Providing Surgical Procedures, Highly Skilled Search and Rescue, Physician – Major Surgery:** Ophthalmology, Urology, Cardiac Surgery, Otolaryngology, General Surgery, Anesthesiology, Obstetrics-Gynecology, Plastic Surgery, Thoracic Surgery, Vascular Surgery, Orthopedic Surgery, Neurosurgery, and all others.

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International Helpers (Guernsey) Trust

"Participation Agreement"

THIS AGREEMENT made and entered into as of the ____ day of _____ 20____ by and between **ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED** and _____ (Name of Participating Individual or Group).

RECITALS

- (A) ARTEX RISK SOLUTIONS (GUERNSEY) LIMITED has been appointed and is acting as the trustee under a Declaration of Trust titled the International Helpers (Guernsey) Trust (the "Declaration of Trust") and made by Artex Risk Solutions (Guernsey) Limited of Heritage Hall, Le Marchant Street, St Peter Port, Guernsey (hereinafter with any other trustee or trustees serving under the Declaration of Trust referred to as the "Trustee"). The purpose of the Declaration of Trust is to afford the benefit of certain services, including travel benefits, to qualifying persons, members, customers or employees of certain organisations.
- (B) _____ Participating Individual or Group (hereinafter with any successor or successors thereto referred to as the "Participant") desires to afford to himself or qualifying beneficiaries benefits of the sort available under the Declaration of Trust Sub Funds B, D, E, F & G – War Risk, International Property, Personal Accident & General Liability and Crisis Management Services of the sort available under the Declaration of Trust.

NOW THEREFORE in consideration of the mutual promises herein contained the Trustee and the Participant hereby agree as follows

- 1 Subject to the approval of International Helpers Trust providing the travel benefits for the Participant, and the Service Provider entering into the Service Offering pursuant to which certain other services shall be provided to the Participant the Trustee agrees to permit the Participant to become a Participant under the Declaration of Trust.
- 2 The Participant agrees to be bound by:
 - 2.1 the provisions of the Declaration of Trust; and
 - 2.2 each and every provision of the Declaration of the Trust and the Service Offering
3. The definitions contained in the Declaration of Trust shall apply in the construction and interpretation of this Participation Agreement.
4. In particular, but without prejudice to the generality of the foregoing, the Participant agrees promptly to furnish to the Trustee, the Service Provider or, if requested by the Administrator under the Declaration of Trust to do so to the Administrator, all records and other information required by the Service Provider to administer properly the Declaration and/or the Service Offering and to permit the Trustee, the Service Provider and/or the Administrator, whenever and as often as the Trustee, the Service Provider or the Administrator may reasonably require, to inspect the records of the Participant bearing on the Trust and/or the Service Offering.
5. The Participant hereby appoints the Administrator (if any) acting under the Declaration of Trust to represent the Participant in all dealings with the Trustee having to do with the Trust Fund including by way of example and not of limitation of the foregoing such matters as instructions to the Trustee, the resignation or dismissal of the Trustee and the appointment of a successor, amendment of the Declaration of Trust, the fixing and adjustment of the Trustee's fee and all other matters pertaining to the construction of the Declaration of Trust, its effect and the administration of the Trust Fund.
6. In the event that the Participant shall withdraw as a Participant under the Declaration of Trust in accordance with the provisions thereof the Participant agrees that it shall relinquish any and all claims the Participant may have on the date on which such withdrawal becomes effective or which thereafter may accrue to any portion of the Trust Fund.
7. The Trustee shall make available at its principal place of business and during normal business hours upon reasonable notice to the Participant or any one or more of the qualifying persons, members, customers or employees of the Participant an executed duplicate of the Declaration of Trust and all amendments thereto which shall at the time be in force and effect.
8. The Participant shall pay when due the cost of all fees applicable to the Participant's qualifying persons, members, customers or employees to the Trustee or its nominee. Payment shall be at the risk of the Participant.
9. The Participant agrees and warrants that no solicitations have been made to it to enter into this Participation Agreement and that its participation under the terms of the Declaration of Trust, and Service Offering is voluntary.

"Accepted on behalf of all participants on this application:"

Print Name

Date

Signature