

PROPOSAL FORM - ERRORS & OMISSION INSURANCE POLICY

DOCTORS AND MEDICAL PRACTITIONERS

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

1. Name of Proposer

2. a) Residential address
 City: State:
 Pin Code: Landline:
 Mobile No.
 Email Id.

b) Address of Clinic
 City: State:
 Pin Code: Landline:

3. a) Professional Qualifications and the year of such qualifications

b) In which branch of medicine do you practice viz. Allopathy/Homoeopathy/Ayurvedic / Any other – please specify

4. a) Medical Registration No.
 b) Year of Registration
 c) How long have you been practicing?

5. Are you a member of any Medical Association/ Council?
 If so, please state Name
 and Address of such
 Association/Council
 with Membership No. City: State:
 Pin Code: Membership No.

6. Are you a –
 a) General Practitioner/General Physician b) Pathologist/Radiologist
 c) Consulting Physician Surgeon d) Anesthetist/Plastic

Note: If Specialist, please specify your line of specialization.....

7. a) Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI, etc. available /operated by you or under your control.

b) Are these facilities being maintained through regular service contracts with the manufacturers/specialized servicing agencies?

c) If these facilities are operated by employees please state their
 i) names
 ii) technical qualification
 iii) experience and
 iv) name of the facility operated (please use separate sheet)

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d) Please indicate whether you wish to extend the policy to cover, out of the above list, personnel who are not qualified to operate the facility mentioned against their names.
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8. Specify nos. of employees, their job specifications, their experience and nature of your supervision.
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9. a) i) Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc., If yes, please give details:
.....

ii) Are you in service with any organization? If yes, then please give name & address of the same.
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b) Are they covered under a Medical Establishment – Errors & Omissions policy?
.....

10. State the average number of patients you are attending per day.
.....

11. Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc. If so, please give details.
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12. Have you been previously insured for the subject risk? If so, give full particulars.
.....

13. Has any Company

a) declined your proposal Yes No

b) required an increased premium Yes No

c) refused to renew your policy Yes No

d) cancelled such a policy Yes No

14. Limit of Indemnity required for

Any one act : Rs.

Any one year : Rs.

15. Period of Insurance :

From

D	D	M	M	Y	Y	Y	Y
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 To

D	D	M	M	Y	Y	Y	Y
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DECLARATION

I/We do hereby declare that the above statements and answers are true and that I/We have not withheld any information whatsoever regarding the proposal. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and Magma HDI General Insurance. Co. Ltd. whose policy for the insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions as if I/we are uninsured.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.

Date

Place

Signature of the Proposer

- Note:** 1) The liability of the Company does not commence until the proposal has been accepted by the Company and premium paid.
2) Premium will be quoted on application

SECTION 41 OF THE INSURANCE ACT 1938 PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs.500/-.