

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - ERRORS AND OMISSION INSURANCE POLICY (COMMERCIAL) - 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 with PAN No
- 2)
 - a) Residential address
 - b) Address of Clinic
- 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.
- 6) Are you a –
 - a) General Practitioner/ General Physician
 - b) Pathologist/Radiologist
 - c) Consulting Physician

Errors and Omission Insurance Policy (Commercial)

UIN - IRDAN149CP0005V01201819

Magma HDI General Insurance Co. Ltd. | www.magmahdi.com | E-mail: customercare@magma-hdi.co.in | Toll-free no. : 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

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d) Anaesthetist/Plastic Surgeon

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/specialised 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)
- 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.

8) Specify nos. of employees, their job specifications, their experience and nature of your supervision.

- 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 organisation?

If yes, then please give name
& address of the same.

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

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to be instituted against you by patients in respect of your treatment etc. If so, please give details.

12) Have you been previously insured for the subject risk? If so, give full particulars.

13) Has any Company

- (a) declined your proposal
- (b) required an increased premium
- (c) refused to renew your policy
- (d) cancelled such a policy

14) Limit of Indemnity required for

Any one act - Rs.

Any one year - Rs.

15) Period of Insurance - From To

16) Premium amount (including GST)

Premium Payment Details:	
Kindly select :	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> Cash
Cheque /DD/ PO /UTR No.	<input type="text"/>
Payee Name/ Account Holder Name	<input type="text"/>
Date	<input type="text"/> IFSC <input type="text"/>
Amount in Rs.	<input type="text"/>
Bank Account No.	<input type="text"/>
Bank Name	<input type="text"/> Branch <input type="text"/>
PAN Number	<input type="text"/>
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>	
GST Registered	Yes/ No
	GSTIN Number <input type="text"/>
	GST State <input type="text"/>

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INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

PAN No:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor: _____

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____

Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of "Politically Exposed Persons"(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials

Additional Information:

Nationality: Indian

Non-Indian

If, Non-Indian, please specify Country:-----

Type of Organisation:

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- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business: ----- Salaried:----- Others (please specify)-----

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

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

VERNACULAR DECLARATION

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I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: Proposer's Signature _____

Company stamp

Date: Name: _____ Designation _____
(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.

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