

ERRORS AND OMISSION INSURANCE POLICY (RETAIL)

PROPOSAL FORM

DOCTORS' AND MEDICAL PRACTITIONERS



Errors and Omission Insurance Policy (Retail)
UIN - IRDAN149RP0004V01201314

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
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PROPOSAL FORM

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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
 - 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) Yea 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
 - d) Anaesthetist/Plastic Surgeon

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- 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 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

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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

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)-----

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 : General Insurance Company Ltd.

Place : **SIGNATURE OF 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

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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/-.



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