

MAGMA HDI GENERAL INSURANCE COMPANY LTD.

PROPOSAL FORM - ERRORS AND OMISSION INSURANCE POLICY (RETAIL) - MEDICAL ESTABLISHMENTS

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 the Proposer with PAN No
Address:
- 2) Year in which established:
- 3) Name & Address of owners/ directors / partners :
- 4)
 - a) Is the Establishment registered with the local competent authority?
If no, why?
 - b) Have you complied with all statutory rules/ regulations relating to your establishment?
- 5)
 - i) Are the Doctors/Technicians working for you
 - a) duly licensed in accordance with the Medical Acts or any other prevalent laws
 - b) Members of Medical Association/Council
 - ii) Do you employ only qualified Nurses?
- 6) State the no. of employees and visiting doctors in each of the following classifications:
 - a) General Physicians
 - b) Specialists including surgeons in different disciplines.
 - a) Eye/ENT
 - b) Pathologists
 - c) Cardiologists
 - d) Radiologists
 - c) Plastic Surgeons

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 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) Dentists
 - e) Pharmacists
 - f) Technicians
 - g) Nurses
 - h) Trainees
 - i) Others (Please specify)
- 7) a) Please specify all the facilities available like x-ray, Scanning, Pathology, etc.
- b) Whether persons operating these are qualified and well experienced
- c) Do you wish to extend the policy to cover the personnel who are not professionally qualified to operate the facility assigned to them?
If yes, please give names of the Personnel and the facility operated.
- d) Is the establishment under care of qualified doctor round the clock?
- e) Is a qualified nurse in attendance round the clock?
- 8) a) Please state the no. of beds including bassinets maintained by you.
- b) State no. of fully equipped operation theatres
- 9) Do you have an out-patients department?
Please specify :
- a) No. of patients actually treated in the previous year
- b) No. of patients estimated to be treated in the proposed year
- 10) Please state the following particulars regarding the number of in-patients treated
- | | <u>Proposed
Year (Estimated)</u> | <u>Immediately
Preceding Year (Actual)</u> |
|---------------|--------------------------------------|--|
| a) General | | |
| b) Medical | | |
| c) Surgical | | |
| Total: | | |
- 11) Give details of radioactive treatment facility.

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Specify the materials used and precautions taken for such usage.

- 12) Whether food is supplied by you to patients? If yes, specify whether it is prepared by you or contractors. Please specify the measures taken for maintenance of kitchen and other supervisory measures
- 13) State estimated annual income including room charges, Operation Theatre, Rent, charges for X-ray Facilities, doctor's fees, nursing charges, medicines, food, surcharge and any other income.
- 14) Details of any claims lodged against the proposer during the past 5 years on account of services rendered by your establishment.
- 15) Have you ever insured against liabilities in the past? If so, specify the name of the insurer, policy no. and period.
- 16) Has any insurer cancelled/declined/refused to renew your liability insurance or accepted your proposal subject to restrictions.
- 17) Details of any event likely to give rise to a liability claim against you at a future date.
- 18) State limits of indemnity required –
Any One Act : Rs. _____
Any One Year Limit : Rs. _____
- 19) Period of Insurance required
From : _____ To : _____
- 20) Voluntary Excess : Rs. _____
- 21) 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.			<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
Payee Name/ Account Holder Name																						
Date				IFSC				<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>														
Amount in Rs.			<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																			
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Bank Name						Branch																

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PAN Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Documents to be attached as per requirement for fulfillment of KYC Norms.</i>									
GST Registered									Yes/ No
GSTIN Number									
GST State									

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:

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Nationality: Indian

Non-Indian

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

Type of Organisation:

- (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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