

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 1 – General Information

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

1. Inception Date:

D	D	M	M	Y	Y	Y	Y
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 Broker:

Name of Insured:

Name of Insured Practice:

Contact Person: Contact No:

Postal Address:

Registered Address:

Identity Number:

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 Registration No:

Telephone Number: Fax Number:

Email Address: Website:

Date established:

D	D	M	M	Y	Y	Y	Y
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PRESENT LEGAL CONSTITUTION

(please mark the box with an (x))

Close Corporation Limited Co. Partnership Sole Practitioner Incorporated Co.

2. Date of Commencement of Practice:

2.1 As currently constituted 2.2. As Initially established

3. Disciplines(s) in which engaged

4. Names & Qualifications of Directors

Name	Qualification	Date Qualified	How long in practice

4.1 Number of other employees:

5. Finance Details

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

Previous year:	<input type="text" value="R"/>	Estimated for this year:	<input type="text" value="R"/>
5.1 Indemnity Limit required	<input type="text" value="R"/>		
5.2 Excess	<input type="text" value="R"/>		
5.3 Retroactive Date	<input type="text" value="R"/>		
5.4 Reinstatement of Sum Insured	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.5 Dishonesty of Staff:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.6 Libel and Slander:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.7 Loss of Documents:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
5.8 Computer Crime:	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

6. Claims History

6.1 Has the company had any claims in the past five years? If "yes", please give details.

6.2 Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance? If "yes" please specify:

6.3 Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal? If "yes" please specify:

6.4 Are you at present or have you in the past been insured? If "yes" please specify:

6.5 Is Indemnity to apply to any Principal who has left / retired / died? If "yes" please specify:

Name	Qualification	Date Qualified	How long in practice

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 2 – Malpractice Liability Hospital / Clinic

1. Staff Complement

1.1. Medical Staff

- a) Surgeons
- b) Doctors of Medicine
- c) Radiologists
- d) Radiographers
- e) Laboratory Technicians
- f) Pharmacists

1.2. Nursing Staff

Name of Director of Nursing	Qualifications	Year(s) Obtained

- a) Number of S.R.N's
- b) Number of S.E.N's
- c) Number of Auxiliary Nurses
- d) Number of Student Nurses

2. Please state your immediate past Financial Year End:

2.1. Please state:

	Immediate Past Financial Year End	Previous Financial Year End
a) Gross Revenue of the Hospital / Clinic	R	R
b) Gross Revenue relating to Rentals / Leases etc	R	R
c) Gross Revenue form Medical Procedures / Pharmacies or any other Medical Treatment	R	R
d) Gross Revenue from any other source. (Give brief details)	R	R

3. Does the Insured wish to be indemnified for liabilities resulting from AIDS or any syndrome connected therewith? YES NO

4. Is there any further information that should be made known to the company in order that they may form a proper estimate of the risk?? YES NO

(Please attach any relevant publications or brochures)

Declaration

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete. I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall be the basis of the insurance contract.

Name:

Date:

Title/Position:

Signature