

**PROFESSIONAL INDEMNITY INSURANCE  
 PROPOSAL FORM  
 MEDICAL MALPRACTICE  
 HOSPITALS/CLINICS**

**I. General data**

1. Full name of institution  
 (hereinafter referred to as "the proposer")

P. o. Box :

Tel : Fax:

2. Business address

3. Date of establishment

4. Is the proposer

a) approved by a public authority?

Name of the authority and date of approval

yes no

b) a member of a hospital association?

Name of the association and date of  
 acceptance

yes no

5. Is the proposer maintained in whole or in part by  
 public or private funds or endowment?

yes no

Please specify

<b>II. Nature and volume of your present and foreseeable future activities</b>  1. Brief description of the proposer's activities (e.g. operations of a hospital, nursing home, sanatorium)	
2. Estimated gross annual income (please indicate currency)	_____
3. Number of patients per year  a) In-patients   b) Out-patients	<p style="text-align: center;">Numbers</p> _____  _____
4. Approximate division of patients between  a) General b) Surgical c) Gynaecological and obstetrical d) Paediatric e) Orthopaedic f) Dental g) Psychiatric h) Any other classes  _____ _____ _____	<p style="text-align: right;">         _____%          _____%          _____%          _____%          _____%          _____%          _____%          _____%          _____%          _____%          _____%       </p>
5. Number of employed doctors (including doctors in clinics) in each of the following classifications  a) Surgeons b) Cosmetic Surgeons c) Anaesthetists d) Gynaecologists e) Internal Specialists f) Urologists g) Orthopaedists h) Radiologists i) Ophthalmologists j) Dentists k) Physicians l) Interns (licensed and unlicensed) m) Others (please specify)	

6. Medical assistants (pharmacists, laboratory technicians, etc.)	Numbers	
	_____	
7. Numbers of nurses		
a) Graduates	_____	
b) Undergraduates or students	_____	
8. Numbers of beds (including for maternity cases)	_____	
9. Does the proposer own or operate X-ray machines, lasers, ultrasound machines or similar equipment?  <b>If so</b> , please specify and give number of machines, type and whether they are used for diagnosis or treatment or both.	yes    no	
10. Does the proposer use radioactive materials?  <b>If so</b> , please specify machinery and/or materials used.		
11. Does the proposer operate a blood bank?  If so, please advise percentage of use	yes    no	
a) For own purpose	_____ %	
b) For supply to other parties	_____ %	
<b>III. Previous insurance / previous claims</b>		
1. Has the proposer previously been insured?  <b>If so</b> , please specify :	yes    no	
Name of insurer	Policy period	Limit of indemnity
1.		
2.		
3.		
4.		
5.		

<p>2. Has a previous application been declined?</p> <p>Has a previous insurance a) required increased premium?          b) required special restrictions?          c) been terminated / not been renewed by an insurer?</p> <p><b>If so, please give detailed information.</b></p>	<p>yes no</p> <p>yes no</p> <p>yes no</p> <p>yes no</p>
<p>3. Have any claims or suits for malpractice been made during the past five years against the proposer?</p> <p><b>If so, please advise amount and background of each claim.</b></p>	<p>yes no</p>
<p>4. Is the proposer aware of any circumstances or incidents which may result in a claim or claims against him?</p> <p><b>If so, please give details.</b></p>	<p>yes no</p>
<p><b>IV. Indemnity required</b></p>	
<p>1. Limit any one claim</p>	
<p>2. Limit in the annual aggregate</p>	
<p>3. Deductible each and every claim to be borne by insured</p>	
<p><b>I/We</b> declare that the statements and particulars in this proposal are true and that <b>I/We</b> have not misstated or suppressed any material facts. <b>I/We</b> agree that this proposal, together with any other information supplied by <b>me/us</b>, shall form the basis of any contract of insurance effected thereon.</p> <p>Signing this proposal form does not bind the proposer or underwriter to complete this insurance.</p> <p>Dated this            day of            20</p> <p>For and on behalf of _____          (insert name of proposer)</p> <p>Signature of partner or principal _____</p>	