UNITED INDIA INSURANCE COMPANY LIMITED

REGD & HEAD OFFICE: NO 24 WHITES ROAD CHENNAI – 600 014

PROPOSAL FORM FOR MEDICAL ESTABLISHMENTS

ERRORS & OMISSIONS INSURANCE

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 & Address of Proposer	
2.	Year in which established	
3.	Names & address of owners / directors / partners	
4.	Have you complied with all statutory rules/ regulations relating to your establishment	
5.	Are the Doctors / Nurses / Technicians working for you a) Duly licensed in accordance with the Medical Acts or any other prevalent laws Members of Medical Association / Council?	
6.	State the number of employees (including visiting doctors) in each of the following classifications; 1. General Physicians 2. Plastic Surgeons 3. Dentists 4. Pharmacists 5. Technicians 6. Nurses 7. Trainees 8. Voluntary Workers 9. Other (Please specify) 10. Specialists including Surgeons in different disciplines. a) Eye / ENT b) Pathologists c) Cardiologists d) Radiologists	

7.	a) Please specify all the facilities available like X-ray, scanning, pathology, etc. b) Whether persons operating these are qualified and well experienced?	a) b)
8.	Do you have ambulance? If yes, specify number	
9.	Do you have out patients department? Please specify estimated No. of patient to be treated in a year.	
10.	State No. of beds maintained No. of bassinets for maternity cases.	
11.	Estimated No. of in-patients (actuals previous year; estimated current year) to be treated in a year	

		PREVIOUS YEAR (Actual)	CURRENT YEAR (Estimated)
	a) General b) Medical c) Surgical d) Any other class (Please specify)		

12.	Give details of radioactive treatment facility, Specify the materials used and precautions taken further for such usage.	
13.	Do you under take training of staff? a) If yes, please give details b) Nature of supervision over such trainees.	 a) b)
14.	Whether food is supplied by you to patients? If yes, specify whether it is prepared by you or supplied by outsiders. If supplied by you, please specify the measures taken for maintenance of kitchen and other supervisory measures.	
15.	Do you supply medicines to patients?	
16.	State estimated annual income (this includes room charges, Operation Theatre, Rent, charges for X-ray facilities, doctors fees, nursing charges medicines, food, surcharge and any other income)	
17.	Details of the claim lodged against the proposer during the past 5 years on account of services rendered by your establishment	
18.	Have you ever insured against liabilities in the past? If so, specify the name of the insurer, policy number and period.	

19.	Has any insurer cancelled/declined/refused to renew your liability insurance or accepted your proposal subject to restrictions.	
20.	Details of any event likely to give rise to a liability claim against you at a future date	
21.	State Limits of Indemnity required for: Any one year	
22.	Period of Insurance Required From To	
23.	Voluntary Excess if any	

I / We hereby declare that the above statement and particulars are true and I / We have not suppressed or misstated any material facts and that at the present time I / We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I / We also agree that the indemnity under the Insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance.

Date : Signature of Proposer

Place :

SECTION 41 OF THE INSURANCE ACT 1938
PROHIBITION OF REBATES

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 or 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 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/-.