

Malpractice Liability Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Details of Applicant

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Occupation/Designation: _____

Date of Birth: _____

Nationality: _____

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

1. Period of Insurance: From: _____ To: _____

2. Please supply the following details.

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practices

3. Please supply total numbers of:

(i) Partners/Principals/Directors		(v) Non-technical administrative staff	
(ii) Qualified Staff		(vi) Clerical staff	
(iii) Other technical staff		(vii) Other staff (Please specify)	
(iv) Trainee staff			
Total (All Stafs)			

For Sole Proprietors Only

4. State the experience of your assistants and their length of service

5. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency

Details of Practice

6. Has the name of the practice ever been changed? Yes No

7. Has any other practice or business amalgamated or merged with you? Yes No

8. Have you purchased any other practice or business? Yes No

9. Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business? Yes No

10. Please list the professional bodies or associations to which the Applicant belong.

11. Please detail the approximate percentage of your fee income derived from the following fields of work:

Type of Work		Type of Work	
(a) Acupuncture	%	(l) Chiropractic	%
(b) Audiology/Audiometrics	%	(m) Massage	%
(c) Optometry	%	(n) Nutrition/Dietetics	%
(d) Beauty Therapy/Aesthetics	%	(o) Pathology	%
(e) Hair and Scalp Treatment	%	(p) Clinic Research	%
(f) Chiropody	%	(q) Physiotherapy	%
(g) Podiatry	%	(r) Psychology	%
(h) Chemical/Pharmaceutical	%	(s) Speech Therapy	%
(i) Dentistry/Orthodontics	%	(t) Occupational Therapy	%
(j) Home Nursing	%	(u) Naturopathy	%
(k) Osteopathy	%	(v) Other (complete Question 13)	%
		TOTAL	100%

12. Complete if applicable (refer Question 11 above)

(a) Please provide details of the precise nature of activities or business

(b) Please categorize the activities or business outlined in Question 12(a) above and indicate the approximate percentage of your fee income derived from same.

	%
	%
	%
	%
	%

a) Please provide details of advice given in relation to the activities or business outlined in Question 12(a) above.

Are verbal reports always confirmed in writing?

Yes No

If yes, please supply details

If No, how do you substantiate such verbal reports?

13. Does any contract or client represent more than 50% of your annual work or fees?
If yes, please supply details

14.. Does you engage consultants, sub-contractors or agents? Yes No
If yes, please supply details

a) Do you insist they carry their own Professional Indemnity or Malpractice Insurance?
If yes, please supply details Yes No

b) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?
If yes, please supply details Yes No

15. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes No
If yes, please supply details

Financial Details

16. Please advise the date of your financial year end: _____ / _____ / _____

(a) Please provide the amount of gross income/fees for the following

	<u>Maldives</u>	<u>Overseas</u>
i. current financial year (estimate)	_____	_____
ii. last financial year	_____	_____
iii. previous financial year	_____	_____
c) Please provide the amount of the largest annual fee for any one client.	_____	_____

17. Please provide the approximate percentage of your activities (based on fee income) applicable to each Island, Territory and Overseas

Claims Details

18. Has any Partner, Principal, Director or staff member ever been subject to disciplinary proceedings for professional misconduct? Yes No

If Yes, please supply details

19. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim? Yes No

If Yes, please provide the following details in respect of each matter.

Date Matter Notified	Name of Insurer (If any)	Name of Claimant or potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding?

20.. Are any of the Partners, Principals or Directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Practice or any prior Practice or any of their present or former Partners, Principals or Directors which matter is not referred to in above Question? Yes No

If Yes, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of potential Liability

Details of Insurance Cover

21. Does the Practice presently carry, or has the Practice ever carried, Professional Indemnity Insurance? Yes No

If Yes, please supply details.

Insurer: _____

Expiry Date: _____

Limit of Indemnity: _____

Premium: _____

22.. Has the Practice or any Partner, Principal or Director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If Yes, please supply details.

Application for Cover

22. Limit of Indemnity required: _____

23. Deductible/Excess requested: _____ (Each and Every Claim)

24. Extensions:

(i) Automatic Extensions

- Libel and Slander Automatically Included
- Loss of Documents Automatically Included
- Coronial Enquiries Automatically Included
- Emergency First Aid Automatically Included
- Students Automatically Included
- Board of Management and Committees Automatically Included
- Newly Created or Acquired Entity or Subsidiary Automatically Included
- Run-Off Cover Insured Entity or Subsidiary Automatically Included
- Estates and Legal Representatives Automatically Included

(ii) Please indicate if you seek cover for the following Optional Extension.

- Increased Aggregate Limit of Indemnity (Reinstatement)
- Continuous Cover

General Information

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? Yes No

Additional Information:

Please enclose with this Proposal a copy of company registration, Copy of Passport and ID cards of doctors, academic qualifications, other certificates and any additional information which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer

Company Stamp:

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: