



Professional Indemnity Insurance Proposal Form Medical Malpractice Practitioners

I. General data

1. Name of proposer in full: **Insured Dr.**

Clinic/Hospital:

2. Business address: P.O. BOX P.C.

Contact Nos. Mobile: Office No.

3. a) At what medical school did the proposer graduate?

b) Year of graduation:

4. Where has the proposer practised his profession since graduation?

In _____ from _____ to _____

In _____ from _____ to _____

5. Is the proposer duly licensed in accordance with law to practise at the address given under item 2?

yes no

6. Member of association?

yes no

II. Nature and volume of your present and foreseeable future activities

1. Is the proposer or assistant practising as

a) Physician

yes no

b) Surgeon

yes no

c) Cosmetic surgeon

yes no

d) Anaesthetist

yes no

e) Gynaecologist

yes no

f) Urologist

yes no

g) Orthopaedist

yes no

h) Radiologist

yes no

i) Dentist

yes no

j) Any other, not shown

yes no

If so, please specify.



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2. Is the proposer, partner or assistant regularly involved in first-aid service?	yes no																								
3. Name(s) of partners																									
For each partner all questions listed above have to be answered individually.																									
4. Name(s) of qualified medical assistant(s)																									
5. Number of technicians employed	_____																								
6. Number of nurses employed	_____																								
7. Is the proposer under contract with or in the employment of any individual, firm or cooperation? If so, please give details.	yes no																								
8. Does the proposer own, wholly or in part, operate or administer any hospital, nursing home or other institution where medical services are customarily rendered? Does he have any reserved beds there? If so, please give details including number of reserved beds.	yes no																								
9. Does the proposer own or operate X-ray machines or laser? If so, please give number, type and whether they are used for diagnosis or treatment or both.	yes no																								
10. Number of patients per year	_____																								
III. Previous insurance/previous claims																									
1. Has the proposer previously been insured? If so, please specify:	yes no																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Name of insurer</th> <th style="width: 25%;">Policy period</th> <th style="width: 35%;">Limit of indemnity</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">4</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">5</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Name of insurer	Policy period	Limit of indemnity	1				2				3				4				5			
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2. Has a previous application been declined? Has a previous insurance	a) required increased premium? b) required special restrictions? c) been terminated/not been renewed by an insurer?	yes no yes no yes no yes no
If so , please give detailed information.		
3. Have any claims or suits for malpractice been made against the proposer or any of his partners, assistants, nurses or technicians during the past five years?		yes no
If so , please advise amount and background of each claim.		
4. Is the proposer or any of his partners, assistants, nurses or technicians aware of any circumstances or incidents which may result in a claim?		yes no
If so , please give details.		
IV. Indemnity required		
1. Limit any one claim		
2. Aggregate Limit		
3. Deductible each and every claim to be borne by insured		
V. Endorsements to basic cover		
1. Extended Claims Reporting Period		yes no
2. Loss of Documents		yes no
If so , up to what amount?		

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____ 2015

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____