



Professional Indemnity Insurance Proposal Form
Medical Malpractice – Hospitals / Clinic

I. GENERAL DATA

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

2. Business address

3. Date of Establishment

4. Is the Proposer

a) approved by a Public Authority?

yes no

Name of the authority and date of approval

b) a member of a hospital association?

yes no

Name of the association and date of
Acceptance

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

yes no

Please specify :

**II. NATURE AND VOLUME OF YOUR PRESENT
AND FORESEABLE FUTURE ACTIVITIES :**

OMAN UNITED INSURANCE CO. S.A.O.G.



الشركة العامة للتأمين والتأمينات في عمان

SECURITY SERVICES

P.O. Box 1522, P.C. 112, Ruwi, Sultanate of Oman C.R. 1/23725 Tel: 24477300

Fax 24477334 Email info@omanutd.com

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	<i>Numbers</i>
a) In-patients	_____
b) Out-patients	_____
4. Approximate division of patients between:	
a) General	_____ %
b) Surgical	_____ %
c) Gynaecological and obstetrical	_____ %
d) Paediatric	_____ %
e) Orthopaedic	_____ %
f) Dental	_____ %
g) Phychiatric	_____ %
h) Any other Classes _____	
5. Number of employed doctors (including doctors in clinics) in each of the following classifications:	<i>Numbers</i>
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)	<i>Numbers</i>

7. Number of nurses	
a) Graduates	_____
b) Undergraduates	_____
8. Number of beds (including for maternity cases)	_____
9. Does the Proposer own or operate X-ray machines, lasers, ultrasound machines or similar equipment?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>If so</i> , please specify and give number of machines, type and whether they are used for diagnosis or treatment or both _____	

10. Does the Proposer use radioactive materials?	<input type="checkbox"/> yes <input type="checkbox"/> no
<i>If so</i> , please specify machinery and/or materials used.	
11. Does the Proposer operate a blood bank?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, please advise percentage of use	
a) For own purpose	_____ %



b) For supply to other parties _____ %

III PREVIOUS INSURANCE/PREVIOUS CLAIMS

1. Has the Proposer previously been insured ?

yes no

If so, please specify:

Name of Insurer	Policy Period	Limit of Indemnity
1.		
2.		
3.		
4.		
5.		

2. Has a previous application been declined?

yes no

Has a previous insurance : a) required increased premium?

yes no

b) required special restrictions?

yes no

c) been terminated/not been renewed by an Insurer?

yes no

If so, please give detailed information:

3. Have any claims or suits for malpractice been made during the past five years against The Proposer

yes no

If so, please advise amount and background of each claim.

4. Is the Proposer aware of any circumstances or incidents which may result in a claim Or claims against him?

yes no

If so, please give details

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IV INDEMNITY REQUIRED		<u>Amount</u>
1.	Limit any one claim	_____
2.	Limit in the annual aggregate	_____
3.	Deductible each and every claim to be borne by insured	_____

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 _____ 200_____

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

Signature of partner or principal _____