



## UNITED INDIA INSURANCE COMPANY LIMITED

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

### PROPOSAL FORM FOR DOCTORS' AND MEDICAL PRACTITIONERS' PROFESSIONAL INDEMNITY

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 liability until the Proposal has been accepted and premium paid.

1.	Name of Proposer	
2.	a) Residential Address b) Clinic Address	
3.	a) Professional qualifications and the year of such qualifications b) In which branch of medicine viz., Allopathy / Homeopathy / Ayurvedic / Any other-please specify	
4.	a) Medical Registration No. b) Year of Registration c) How long have you been practicing	
5.	Are you a member of any Medical Association / Council? If so, please State Name and Address of such Association / Council with Membership No.	
6.	Are you a a) General Practitioner /General Physician / Surgeon b) Pathologist / Radiologist c) Consulting Physician d) Anesthetist / Plastic Surgeon Note: If Specialist, please specify your line of specialization.	

7.	<p>a) Specify facilities such as dispensing facility, X-ray, radiation therapy, scanning, ECG, Sonography, MRI, etc., available / operated by you or under your control.</p> <p>b) Are these facilities being maintained through regular service contracts with the manufacturers/ specialized servicing Agencies?</p> <p>c) If these facilities are operated by employees please state their i) names ii) technical qualification iii) experience and iv) name of the facility operated (please use separate sheet)</p> <p>d) Please indicate whether you wish to extend the policy to cover, out of the above list, personal who are not qualified to operate the facility mentioned against their names</p>	
8.	Specify No. of employees, their job specifications their experience and nature of your supervision.	
9.	<p>a) i) Are you attached to /or attending as a visiting physician / surgeon in any Hospital / Nursing Home / Clinic etc.,</p> <p>If yes, please give details:</p> <p>ii) Are you in service with any organisation?</p> <p>If yes, then please give name &amp; address of the same.</p> <p>b) Are they covered under a Medical Establishment-Errors &amp; Omissions policy?</p>	
10.	State the average number of patients you are attending per day	
11.	Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc., If so, please give details.	
12.	Have you been previously insured for the subject risk? If so, give full particulars	
13.	<p>Has any Company</p> <p>a) declined your proposal</p> <p>b) required an increased premium</p> <p>c) refused to renew your policy</p> <p>d) cancelled such a policy</p>	
14.	Limit of Indemnity required	Any one Accident Rs.

	Any one year Rs.	
1 5.	Period of Insurance From To	

I / We do hereby declare that the above statements and answers are true and what I / We have not with held any information whatsoever regarding the proposal. I / We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I / We agree that this proposal and declarations shall be the basis of the contract between me/us and ----- whose policy for the insurance proposed is acceptable to me/us. I / We under take to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Date :

Place :

**Signature of Proposer**

**Development Officer's Report:**

The Proposer is known to me/my Agent for ----- years and recommend acceptance of this proposal.

Date :

Place :

**Signature of Development Officer**

**Name and Code No. of Development Officer**

Note: 1) The liability of the Company does not commence until the proposal has been accepted by the Company and premium paid.

2) Premium will be quoted on application.

**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 receipt 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/-.