



AFRO-ASIAN[®]

INSURANCE SERVICES LTD

Broker at **LLOYD'S**

MEDICAL MALPRACTICE PROPOSAL FORM

Please answer all questions fully and to the best of your knowledge. Please do not make any misrepresentations to the insurer, any insurers can rely on the accuracy of your responses.

General Information:

Title:

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First Name

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Surname:

.....

Date of birth:

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Gender:

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Contact Telephone Number:

.....

Contact Email Address:

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Contact Address:

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Are you registered with the appropriate regulatory body/medical council?

Yes? No?

If yes, which one?

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If no, why not?

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Academic Details:

Date of Qualification:

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Medical School Attended:

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Any Postgraduate Qualifications or training:

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Are you a member of any Professional Organisations?

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Details of Activities:

Which area of Medicine are you licensed to practice in?

Anaesthetics

Cardiology

Cardiothoracic

Dermatology

Endocrinology

Gastroenterology

General Practice

General Surgery

Genetics

Immunology

Maxillofacial Surgery

Midwifery

Neurology

Nursing

Nutritionist

Ophthalmology

Orthopaedic Surgery

Paediatrics

Pathology

Pharmacist

Plastic Surgery

Psychiatry

Radiology

Rheumatology

Oncology

Urology

Vascular Surgery

Do you have any high profile clients? (Someone who is in the public eye or whose income is generated by media appearances) If yes, please provide full details, including volume of patients you see that are high profile:

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Do you undertake any work on professional sportspeople? If yes, please provide full details:

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Do you plan to retire in the next five years?

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Income Figures:

Please state your predicted annual turnover for this financial year:

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Please state your annual turnover from last financial year:

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Please state any income earned from different countries you perform medical activities in for this financial year:

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Please state any income earned from different countries you perform medical activities in from last financial year:

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Claims History:

Are you aware of any claims or complaints that have been brought against you in the last 10 years, including any closed matters?

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Have you ever been subject to disciplinary action at any time by a regulatory body, medical council or an employer?

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Have you ever had a suspension or been removed from a Medical Register?

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Have you ever been declined indemnity or had a policy cancelled?

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Have you ever been convicted of a criminal offence or received a formal police caution?

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If you have answered yes to any of the above please provide full details including date of the event, what the circumstances were, a summary of the events that took place, what action was taken by yourself, your indemnity provider and your employer and any compensation or payments that were made.

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What date would you like your indemnity cover to start?

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Are you currently indemnified? Or, have you held indemnity in the past? If yes, please provide full details including what your current excess is and how much you are paying:

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Consent:

Please confirm you are happy for us to send all information provided to our insurers to provide you with a quotation:

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Is there anything else you think we should be made aware of?

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You must inform us of any fact that may influence our decision to accept this risk or the terms upon which the risk is accepted. Failure to so inform us may invalidate this insurance or any claim made under it. If in doubt as to whether a fact should be disclosed to us, please consult your broker.

The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.

Signed:

Company:

Date:

A copy of this Application Form should be retained for your own records.