

Proposal Form for Reliance Doctor's and Medical Practitioners Professional Indemnity Policy

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 the space here is insufficient to answer questions, please use additional sheets and attach it to this form. The company does not assume any liabilities until the Proposal has been accepted and premium paid. The Property proposed for insurance is not covered until the proposal is accepted and premium received.

Agent's Details (To be filled in BLOCK CAPITALS)

Area Office Code/Service Centre Code

Broker/Agent Name Code

Proposer's Details (To be filled in BLOCK CAPITALS)

1. Name of the Proposer Mr. Mrs.

2. Customer ID No.

3. Address for the proposer

Flat Building

Road/Street/Sector

Area

Taluka/Village/District/City Pin Code

State Country

Phone Mobile

Email Fax

4. Professional qualification and the year of such qualification

5. Medical Registration Number

6. Year of Registration

7. Period of Insurance From To

8. Are you a member of any Medical Association/Council? Yes No
If yes, please state Name and Address of such Association/Council with Membership Number.

9. Are you a General Physician Surgeon Dentist Specialist Consultant Physician Anesthetist
In case of Specialist state the exact line in which you specialise and in which branch of medicine viz., Allopathic/Homeopathy/Ayurvedic etc.

10. How long have you been practicing?

11. State the address of your Clinic/Chamber

12 a. Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc.? Yes No
If yes, please give details.

b. Are they covered under a Medical Establishment Errors & Omissions Insurance policy? Yes No



13 a. Specify facilities such as X-ray, radio therapy, scanning etc. available/operated by you or under your control and the average number of persons using each facility in a day

b. Are these facilities being maintained through regular service Contracts with the manufacturers/ specialised servicing Agencies? Please give details.

c. If these facilities are operated by employees please state their (i) Names (ii) Technical Qualifications (iii) Experience (iv) Name of the facility operated (Please use separate sheet)

d. Please indicate whether you wish to extend the policy to cover, out of the above list, personnel who are not qualified to operate the facility mentioned against their names?

14. State the average number of patients you are attending per day? |_____|

15. Have any claim been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc? If yes, please give details. Yes No

16. Have you been previously insured for the subject risk? If yes, give full particulars. Yes No

17. Has any Company Declined your proposal Required an increased premium Refused to renew you policy Cancelled such policy

18. Limit of Indemnity required: For Any One Accident (AOA) _____ For Any One Year (AOY) _____

Declaration

I hereby declare that the statements made by me/us in this Proposal Form are true to the best of my knowledge and belief and I hereby agree that this declaration shall form the basis of the contract between me/Reliance General Insurance Company Limited and us.

I agree and undertake to convey to Reliance General Insurance Company Limited any additions/alterations carried out in the risk proposed for insurance after submission of this proposal form.

I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions of Section 41 of Insurance Act, 1938.

Place: _____

Date: _____

Signature of Proposer