



THE NEW INDIA ASSURANCE COMPANY LIMITED

Registered & Head Office- 87, M.G. Road, Fort, Mumbai-400001.

PROPOSAL FORM FOR MEDICAL ESTABLISHMENTS ERRORS & OMISSIONS INSURANCE

- 1) Name of the Proposer

Address

- 2) Year in which established

- 3) Name & Address of owners/
directors/partners

- 4) a) Is the Establishment registered
with the local competent
authority? If no, why ?

b) Have you complied with all
statutory rules/regulations
relating to your establishment?

- 5) i) Are the Doctors/Technicians
working for you

a) duly licensed in accordance
with the Medical Acts or any
other prevalent laws

b) Members of Medical Association/
Council

ii) Do you employ only qualified
Nurses?

- 6) State the no. of employees and
visiting doctors in each of the
following classifications :
 - 1) General Physicians
 - 2) Specialists including surgeons
in different disciplines.
 - a) Eye/ENT
 - b) Pathologists
 - c) Cardiologists
 - d) Radiologists
 - 3) Plastic Surgeons
 - 4) Dentists

- 5) Pharmacists
 - 6) Technicians
 - 7) Nurses
 - 8) Trainees
 - 9) Other (Please specify)
- 7) a) Please specify all the facilities available like x-ray, Scanning, Pathology, etc.
- b) Whether persons operating these are qualified and well experienced
- c) Do you wish to extend the policy to cover the personnel who are not professionally qualified to operate the facility assigned to them ?
- If yes, please give names of the personnel and the facility operated.
- d) Is the establishment under care of qualified doctor round the clock?
- e) Is a qualified nurse in attendance round the clock?
- 8) a) Please state the no. of beds including bassinets maintained by you.
- b) State no. of fully equipped operation theatres
- 9) Do you have an **out-patients** department? Please specify :
- a) **No. of patients actually treated in the previous year**
 - b) **No. of patients estimated to be treated in the proposed year**
- 10) Please state the following particulars regarding the **in-patients** treated

Proposed Year (Estimated)	Immediately Preceding Year (Actual)
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a) General

- b) Medical
c) Surgical
Total:
- 11) Give details of radioactive treatment facility. Specify the materials used and precautions taken for such usage
 - 12) Whether food is supplied by you to patients? If yes, specify whether it is prepared by you or contractors. Please specify the measures taken for maintenance of kitchen and other supervisory measures
 - 13) State estimated annual income includes room charges, Operation Theatre, Rent, charges for X-ray facilities, doctor's fees, nursing charges, medicines, food, surcharge and any other income.
 - 14) Details of any claims lodged against the proposer during the past 5 years on account of services rendered by your establishment
 - 15) Have you ever insured against liabilities in the past? If so, specify the name of the insurer, policy no. and period
 - 16) Has any insurer cancelled/declined/refused to renew your liability insurance or accepted your proposal subject to restrictions.
 - 17) Details of any event likely to give rise to a liability claim against you at a future date.
 - 18) State **limits of indemnity** required -
for **Any One Act (AOA)** **Rs.**
 Any One Year (AOY) **Rs.**
 - 19) Period of Insurance required

From : To :
 - 20) Voluntary Excess

I/We do hereby declare that the above statements and answers are true and that I/We have not withheld 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 The New India Assurance Co.Ltd. whose Policy for the Insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured.

Place :

Date :

Signature of Proposer

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

2. If space is found insufficient, please attach separate sheets for details.
3. Premium will be quoted on application.
4. Insurance is the subject matter of solicitation.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for___years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER- COLLECTION / SCROLL NO		POLICY NO.	