



Universal Sompo General Insurance Co. Ltd.

(A joint venture of Allahabad Bank, Indian Overseas Bank, Karnataka Bank Ltd., Dabur Investment Corp. and Sompo Japan Nipponkoa Insurance Inc.)

Regd. Office : Unit No 401, 4th Floor, Sangam Complex, 127, Andheri Kuria Road, Andheri (E),
Mumbai – 400059, Maharashtra. Toll free Fax No. 1800-200-9134. Email: contactus@universalsompo.com

Errors & Omissions Insurance Policy - PROPOSAL FORM DOCTORS' AND MEDICAL PRACTITIONERS

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 liabilities until the Proposal has been accepted and premium paid.

1)	Name of Proposer	
2)	a) Residential address	
	b) Address of Clinic	
3)	a) Professional Qualifications and the year of such qualifications	
	b) In which branch of medicine do you practice viz. Allopathy/ Homoeopathy/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	
	b) Pathologist/Radiologist	
	c) Consulting Physician	
	d) Anaesthetist/Plastic Surgeon	
Note: If Specialist, please specify your line of specialization.		
7)	a) Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI, etc. available /operated by you or under your control.	
	b) Are these facilities being maintained through regular service contracts with the manufacturers/specialized servicing agencies?	
	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)	
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.		
8)	Specify nos. of employees, their job specifications, their experience and nature of your supervision.	
9)	a) i) Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc., If yes, please give details:	
	ii) Are you in service with any organisation?	
	If yes, then please give name & address of the same.	
b) Are they covered under a Medical Establishment – Errors & Omissions policy?		
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)	Has any Company	
(a)	declined your proposal	
(b)	required an increased premium	
(c)	refused to renew your policy	
(d)	cancelled such a policy	
14)	Limit of Indemnity required for	
	Any one act - Rs.	
	Any one year - Rs.	
15)	Period of Insurance - From To	

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 agree that this proposal and declarations shall be the basis of the contract between me/us and Universal Sompo General Insurance Co. Ltd. whose policy for the Insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions as if I/we are uninsured.

Date :
Place :

SIGNATURE OF PROPOSER

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 respect of any kind of risk relating to lives or property in India 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. 10,00,000/-.

PROPOSER'S SIGNATURE

Universal Sompo General Insurance Co. Ltd.

KLS Tower, Plot No EL 94, MIDC, Mahape, Navi Mumbai - 400710

Toll Free Nos: 1800224030(MTNL)/18002004030(Reliance) Direct Nos: 022 27639800(MTNL) 39133700(Reliance)

Insurance is subject Matter of Solicitation. For more details on risk factors, terms and condition please read sale brochure carefully before concluding a sale. "RDAL or its official do not involve in activities like sale of any kind of insurance or financial products nor invest premium"; "RDAL does not announce any bonus"; "Those receiving such phone calls are requested to lodge a police complaint along with the details of phone call and number".

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