

Proposal Form No: _____

MEDICAL ESTABLISHMENTS ERRORS & OMISSIONS INSURANCE - PROPOSAL FORM

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

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.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

Area Office Code/ Service Centre Code.			
Broker/ Agent Name & Code	Date	D D / M M / Y Y Y Y	

PROPOSER DETAILS (To be filled in BLOCK LETTERS)

1. Name of Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
2. Address of Proposer			
Flat/Building	Road/Street / Sector		
Area	City		
Pin Code	State		
Country			
Phone	Mobile		
Email	Fax		
CIN (In case of Corporate)	DOB/DOI		D D / M M / Y Y Y Y
PAN No.:	UID Aadhaar No.		
Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
3. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
4. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		
5. Year in which established			
6. Name & Address of owners/ directors/ partners			
7. Is the Medical Establishment registered with the local authority and if so Registration Number and particulars			
8. Have you complied with all statutory rules/ regulations relating to your establishment?			

indusindinsurance.com 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Medical Establishments Errors & Omissions Insurance. UIN No.: IRDAN103CP0036V01201920. IGI/MCOM/CO/LIAB-15/PF/Ver. 1.0/050326.


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 Insurance App


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9. a) Are the Doctors/Technicians working for you

- i. Duly licensed in accordance with the Medical Acts or any other prevalent laws
 ii. Members of Medical Association / Council

b) Do you employ only qualified Nurses?

10. State the no. of employees and visiting doctors in each of the following classifications:

i. General Physicians

- | | | | |
|--|--|--|--|
| a) ☐ Eye / ENT | b) ☐ Pathologists | c) ☐ Cardiologists | d) ☐ Radiologists |
| e) ☐ Plastic Surgeons | f) ☐ Dentist | g) ☐ Pharmacists | h) ☐ Technicians |
| i) ☐ Nurse | j) ☐ Trainees | k) ☐ Other (Please specify) | |

11. 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 ?

d) If yes, please give names of the personnel and the facility operated.

e) Is the establishment under care of qualified doctor round the clock?

f) Is a qualified nurse in attendance round the clock?

12. 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

13. Please state the following particulars regarding the in-patients treated

		Projected Year	Current Year	Previous Year
a)	General			
b)	Medical			
c)	Surgical			
	Total:			

14. Give details of radioactive treatment facility. Specify the materials used and precautions taken for such usage.

15. 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.

16. 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

17. Details of any claims lodged against the proposer during the past 5 years on account of services rendered by your establishment

18. Have you ever insured against liabilities in the past? If so, specify the name of the insurer, policy no. and period

19. Has any insurer cancelled/ declined/refused to renew your liability insurance or accepted your proposal subject to restrictions

20. Details of any event likely to give rise to a liability claim against you at a future date.

21. State limits of indemnity required

Any One Year (AOY)

Any One Accident (AOA)

22. Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

PROPOSER'S BANK DETAILS

Name of the Bank Account Holder ☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T

Bank Account No.: Account: ☐ Saving ☐ Current

Name of the Bank

Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? ☐ Yes ☐ No

If yes, please mention the position held

Is any of your close relation or family member a PEP? ☐ Yes ☐ No

If yes, please mention the name and relation and the position held by such close relative/family member.

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to IndusInd General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

AML Guidelines

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act, 2002.
2. I Understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

Place: _____

Date: _____

Signature of Proposer

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued IndusInd General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request IndusInd General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

DECLARATION

I/We declare on behalf of all proposer's, after inquiry, that the statements and particulars in this supplemental proposal are true and to the best of my/our knowledge and no material facts have been misstated or suppressed. I/We agree that any information submitted therewith and any and all other information supplied or requested in this proposal form, along with any attachment, shall form the basis of any Contract of Insurance effected thereon. I/We further undertake to inform the Company of any material alteration to any information, statements, representations or facts re-presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy.

A material fact is one which would influence the acceptance or assessment of the risk.

All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.

The Company has right to cancel the insurance contract in case I/We have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

I/We understand that the Company has the right to call for any further documents to establish the sources of funds.

I further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Laws (Amendment) Act, 2015.

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

Name: _____

Place: _____

Date: _____

Date: _____

Signature

Signature of Proposer & Company Seal

PROHIBITION OF REBATES - SECTION 41 OF THE INSURANCE ACT, 1938 AS AMENDED BY INSURANCE LAWS (AMENDMENT) ACT, 2015.

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 whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.