

## PROFESSIONAL INDEMNITY INSURANCE DOCTORS, DENTIST, ETC. PROPOSAL FORM

1 .	Name of the Proposer in Full	
2.	Address for communication P.B. No. P.C. No. Location	
3.	Tel. No. GSM No. Fax No. Email Id Web-site address(es), if applicable	
4.	Age	
5.	Nationality	
6.	I. Do you practice as	<input type="checkbox"/> Physician <input type="checkbox"/> Surgeon <input type="checkbox"/> Physician and Surgeon <input type="checkbox"/> Other practitioners – explain fully.
	II. Do you specialize in any way?	
	III. If so, state approximate proportions:	
	a. General Surgery?	%
	b. X-Ray for Therapeutic treatment?	%
	c. Treatment of Drug Addict, Alcoholics or Neurotic or Mental Disorders?	%
	d. Radiology?	%
	e. Plastic surgery?	%
	f. Anesthesia?	%
	g. Osteopathy?	%





	h. Hypnosis? i. General Practice? j. "Spare parts" Surgery?	% % % _____ % = 100%
	IV. Period of practice in Sultanate of Oman a. Private practice b. Government Hospital	Years Years
7.	Are you presently a member in any Medical Association or Society of good standing?  If so, give details of membership.	
8.	State qualifications and where and when obtained?  Copies of certificates may be attached.	
9.	State details and period of any Overseas practice(s)?	
10.	Are you in partnership or association with other practitioner(s)?  If so, give full particulars.	
11.	Is there any particular reason for seeking this insurance cover. eg. Service / Association requirement.	
12.	Do you own in whole or part any Clinic, Hospital or Sanatorium or similar enterprise.	
13.	Are you under contract to any commercial or Government concern. If so, please give particulars.	
14.	State number of employees:  a. Nurses	





	b. Technicians c. All Others	
15.	Give full details of:  a. Any claims which have been made against you (or your partners if any) during last 5 years.  b. Any incident within your knowledge which may subsequently give rise to a claim against you for professional Negligence.	
16.	Has any application for insurance ever been <ul style="list-style-type: none"><li>• Declined by an insurer</li><li>• Accepted subject to premium increase</li><li>• Accepted subject to special restrictions</li></ul>	Yes / No
19.	Amount of Indemnity required	
20.	Are you presently insured, if yes, please state amount of Indemnity & Insurer.	

### **DECLARATION**

I / We declare that the statements and particulars in this application / proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry.

I / We agree that this application / proposal, together with any other information supplied by me / us shall form the basis of any contract of insurance effected between the Insurer and me / us.

I / We undertake to inform the Insurer of any material alteration to those facts occurring before the inception / completion of the contract of insurance.

Place;  
Date:

Signature of the Proposer  
And Stamp

License Serial No.

