



नेशनल इन्श्योरेंस कम्पनी लिमिटेड
(भारत सरकार का एक उपक्रम)
'National Insurance Company Limited'
(A Govt. Of India undertaking)

Regd. & Head Office: 3, Middleton Street , Kolkata-700 001

Address of the Policy Issuing Office:

PROPOSAL FORM FOR DOCTORS & MEDICAL PRACTITIONERS
PROFESSIONAL INDEMNITY

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.	Address of the Proposer	
3.	Professional qualification & Year of such qualification	
4.	Medical Registration No. & year of Registration	
5.	Are you a member of any Medical Association / Council? If so, pl. state Name & Address of such Association / Council with Membership No.	
6.	Are you General Physician / Surgeon / Dentist/Specialist /consultant physician /Anesthetist? (in case of specialist state the exact line, in which you specialize and in which branch of medicine viz. Allopathy / Homeopathy/Ayurvedic etc.)	
7.	How long have you been practicing ?	
8.	State the Address of your Clinic/Chamber	
9. a)	Are you attached to/or attending as a visiting physician/surgeon in any Hospital/ Nursing Home/Clinic etc. ? If yes, Please give details.	
b)	Are they covered under a Medical Establishment Errors & omission policy	
a)	Specify facilities such as X-Ray, Radiation Therapy, Scanning etc. available/ operated by you or under your control and the average No. of persons using each facilities in a day.	
10. b)	Are there facilities being maintained through regular service contracts with the manufacturers / specialized servicing agencies? Please give details.	
c)	Specify No. of other employees with names, their job specifications, their experience and nature of your supervision.	

11.	State the average number of patients you are attending per day.	
12.	Have any claims been made upon you of legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc. ? If so, please give details.	
13.	Have you been previously insured for the subject risk ? If so, please give particulars.	
14.	Has any Company : a) declined your Proposal b) required an increased Premium c) refused to renew your Policy d) cancelled such Policy	Yes/No Yes/No Yes/No Yes/No
15.	Limit of Indemnity required : FOR ANY ONE YEAR	Rs.
16.	Period of Insurance	From.....To.....

Declaration

I hereby declare that the above statement and particulars are true and I have not suppressed or misstated any material facts and that at the present time I have no reason to anticipate any claim being brought against me for any negligent act, error or omission on my part and agree that this declaration shall be the basis of the contract between me and the Insurer. I also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance.

Date :Place :

SIGNATURE OF PROPOSER

PROHIBITION OF REBATES

The following is the copy of Section 41 of the Insurance Act 1938.

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 live or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown in the policy; nor shall any person taking out or renewing continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses of rebates 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 five hundred rupees.