FUTURE GENERALI
TOTAL INSURANCE SOLUTIONS

ERROR AND OMISSIONS POLICY PROPOSAL FORM AND MEDICAL PRACTITIONERS'

Note: This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the insurer to complete the 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. Period of Insurance

From	D	D	M	M	Y	Y	Y	Y	To	D	D	M	M	Y	Y	Y	Y

2. Name of the Proposer

3. Address of the Proposer

State **Pin code**

Telephone No. **Mobile No**

4. Professional qualification and the year of such qualification:_____

5. Medical Registration No. & Year of Registration: _____

6. Are you a member of any Medical Association/ Council? ☐ YES ☐ NO. If YES, please state name and address of such Association/Council with Membership No. _____

_____

7. Are you a: ☐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/Ayurveda etc):
_____

8. How long have you been practicing? _____

9. State the address of your Clinic/Chamber:

State **Pin code**

Telephone No. **Mobile No**

10.

10.1. Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc.? ☐ YES ☐ NO

If yes, please give details: _____

10.2. Are they covered under a medical establishment errors & omissions policy? ☐ YES ☐ NO

11.

11.1. 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 facility in a day. _____

11.2. Are there facilities being maintained through regular service contract with the manufactures/specialized servicing agencies? ☐ YES ☐ NO

Please give details: _____

11.3. Specify no. of other employees with names, their job specifications, their experience and nature of your supervision:

_____
_____
_____

11.4. Whether this facility is operated by someone else. Please specify his qualification/experience/nature of supervision exercised by you:

_____
_____

12. State the average number of patients your are attending per day :_____

13. 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.? ☐ YES ☐ NO. If yes, please give details:

_____

14. Have you been previously insured for the subject risk?

_____

15. Has any Company

15.1. declined your proposal:_____

15.2. required an increased premium: _____

15.3. refused to renew your policy:_____

15.4. cancelled such a policy: _____

16. Limit of indemnity required for:

16.1. any one Accident Rs._____

16.2. any one year Rs._____

17. DECLARATIONS:

I/We hereby declare and warrant that the above statements are true and complete in all respects and that there is no other information which is relevant to my application for insurance that has not been disclosed to you. I agree that this proposal and the declaration shall be the basis of the contract between me and FUTURE GENERALI INDIA INSURANCE CO LTD and I/We agree to accept a policy, subject to the conditions prescribed by FUTURE GENERALI INDIA INSURANCE CO LTD

☐ I/ We hereby declare that the premium for the said policy is paid out of the legally declared and assessed sources of my/ our income OR

☐ I/ We hereby declare that the premium is paid from the Bank Account of Mr. /Ms. _____, the payment is allowed under the Income Tax Act 1961, and there is insurable interest with the payee.

I/we am/are *(please tick all that are applicable)*

❑High Net Worth Individual/s ❑Non Residential Indian/s ❑Politically Exposed Person/s ❑Jeweller/s ❑Non Governmental Organization ❑Film Actor/s ❑Producer/s

18. Payment details:

Premium paid by Cash/ Cheque No _____**Date:** DD/MM/YY **Bank** _____

Amount (Rs.) _____

PAN _____ **(if premium payable is above Rs.1 lac (Please attach proof)**

Place: _____**Date:** _____ **Proposer's Signature:** _____

Please fill up the request for authorization form attached with this proposal form to receive Claim/ Refund payments if any, directly into your bank account through NEFT if the premium paid is more than Rs 25000/-

The company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the Customer, or persons associated with him/her, found to be named in any recognized black list.

19. For Intermediary Use Only

Intermediary's Code:	Intermediary's Name:
Intermediary's Signature :	

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES:

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 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. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Five Hundred Rupees.