

Aon South Africa Medical Malpractice / Professional Indemnity

Application Form

Claims Made

Annual renewable professional indemnity policies are underwritten on a "Claims made" basis. This means that:-

1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against the insured. (In terms of the policy conditions you are obliged to notify insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim under the policy which was in force at the time when the circumstance was first notified).
2. The cause of action giving rise to the claim must have taken place on or after the 'retroactive date' shown on the certificate of insurance.
3. If the policy has lapsed there will be no cover withstanding the fact that the policy may have been in force at the time when the cause of action arose giving rise to the claim. It is therefore important to renew the policy annually in this regard.

Retroactive Date

Claims first made against the insured arising from work performed on or after the retroactive date as it appears on the schedule of insurance will be indemnified in terms of the policy. This date is normally fixed as being the date on which the cover was first taken and would remain unaltered for the purposes of subsequent renewals. When cover is first taken, additional retroactive cover may be offered by insurers subject to certain conditions and premium loadings. Should you be uncertain about whether or not you require retroactive cover, please contact us so that we can assist you.

Vicarious Liability

In South African law, employers are vicariously liable for the negligent actions and omissions of their employees committed in the course and scope of their employment.

Non – Cancellable Annual Policy

This policy is an annual policy and does not contain a bilateral cancellation condition.

If there is insufficient space to complete any answers, please continue on a separate piece of paper. The completion of this proposal does not bind the proposer or company to complete a contract of insurance.

Aon South Africa Medical Malpractice Professional Indemnity

Application Form

| | | | |
|---|-------------------|-------------|-------------------------------|
| 1. Full Names | | 1a. Title | 1b. Council Registration No: |
| | | | 1c. Practice No: |
| 2a. Postal / Physical address: | 2b. Tel No. | 2c. Fax No. | 2d. E-mail: |
| | | | 2e. Vat Registration number : |
| 3. ID Number: | 4. Qualification: | | 4a. Place obtained: |
| | | | 4b. Date obtained: |
| 5a. Please identify your Scope of Practice e.g. Psychologist, Speech Therapist, Optometrist etc: | | | |
| 5b. A full description of your activities: | | | |
| If there is insufficient space to complete your answers, please continue on a separate piece of paper. | | | |
| 6. <u>Previous continuous and unbroken Insurance History</u> (Please attach supporting documentation e.g. your latest Certificate. We require this information for purposes of assessing your date of retroactive cover): | | | |
| 6a. Period of Insurance | From: | To: | |
| 6b. Name of Insurer: | | | |
| 7. Do you require Retro-active cover: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 8. Please indicate which of the following you practice as; <input type="checkbox"/> A sole practice <input type="checkbox"/> A Partnership <input type="checkbox"/> An employee | | | |
| <ul style="list-style-type: none"> • If practicing as a sole practice/partnership, please give the name practice/partnership. <p>.....</p> | | | |
| <ul style="list-style-type: none"> • If practicing as an employee, please give the name of your employer. <p>.....</p> | | | |
| Do your partners carry their own malpractice insurance? If so, state with whom and provide the number of partners | | | |
| | | | |
| <ul style="list-style-type: none"> • Total number of employees and scope of practice; for example 1 nurse, 1 receptionist, 1 locum <p>.....</p> | | | |

9. Claims or disciplinary experience

a. Has any claim been made against you or your partner? Yes No

b. Are you aware after enquiry of any circumstances which may be likely to give rise to a claim? Yes No

.....

c. Have you ever appeared before a disciplinary hearing, been found guilty and struck from the role or suspended? Yes No

.....

If the answer to any of the above is yes please give full details on a separate sheet of paper.

| | |
|-----------------------------------|---|
| 10. Inception date of this policy | 11. How did you find out about our medical malpractice product? <input type="checkbox"/> Colleague <input type="checkbox"/> Presentation <input type="checkbox"/> Conference <input type="checkbox"/> Other..... |
|-----------------------------------|---|

All Medical Malpractice & Professional indemnity policies are underwritten on a “Claims made” basis. This means that:-

1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against the insured. (In terms of the policy conditions you are obliged to notify insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim made under the policy which was in force at the time when the circumstance was first notified).
2. The cause of action giving rise to the claim must have taken place on or after the ‘retroactive date’ shown on the certificate of insurance.
3. If the policy has lapsed there will be no cover notwithstanding the fact that the policy may have been in force at the time when the cause of action arose giving rise to the claim. It is therefore important to renew the policy annually in this regard.

Have you read and understood the explanation above regarding a claims made basis policy.....

DECLARATION MUST BE SIGNED BY THE PROPOSER ONLY

I declare that the statements and particulars on this proposal are true and that I have not mis-stated or suppressed any material fact. I agree that this proposal, together with any other information supplied by me shall form the basis of any Contract of Insurance effected thereon. I undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance, or during the subsistence of such contract. No indemnity will be provided in respect of claims or circumstances likely to give rise to a claim as notified in the application form.

Dated this _____ **day of** _____ **20** _____

Signed **Print name in full:**.....