



**IFFCO-TOKIO GENERAL INSURANCE CO. LTD**

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

**PROFESSIONAL INDEMNITY POLICY**

**UIN: IRDAN106RP0044V01202223**

**PROPOSAL FORM - APPLICABLE FOR  
DOCTORS AND MEDICAL PRACTITIONERS**

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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.

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- 1) Name of Proposer
  
- 2)
  - a) Residential address
  
  - b) Clinic address
  
- 3)
  - a) Professional Qualifications and the year of such qualifications
  
  - b) In which branch of medicine viz. Allopathy/Homoeopathy/ Ayurvedic/Any other – please specify
  
- 4)
  - a) Medical Registration No.
  
  - b) Yea or Registration
  
  - c) How long have you been practicing
  
- 5) Are you a member of any Medical Association/Council?  
If so, please state Name and Address of such Association/Council with Membership No.
  
- 6) Any you a –
  - a) General Practitioner/ General Physician
  
  - b) Pathologist/Radiologist
  
  - c) Consulting Physician

d) Anaesthetist /Plastic Surgeon

**Note:** If Specialist, please specify your line of specialization.

7) a) Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI, etc. available /operated by you or under your control.

b) Are these facilities being maintained through regular service contracts with the manufacturers/specialised servicing Agencies?

c) If these facilities are operated by employees please state their

i) Names

ii) Technical qualification

iii) Experience

iv) Name of the facility operated

(please use separate sheet)

d) Please indicate whether you wish to extend the policy to cover, out of the above list, personnel who are not qualified to operate the facility mentioned against their names.

8) Specify No. of employees, their job specifications, their experience and nature of your supervision.

9) a) i) Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc., If yes, please give details:

ii) Are you in service with any organisation?

If yes, then please give name & address of the same.

b) Are they covered under a Medical Establishment – Errors & Omissions policy?

10) State the average number of patients you are attending per day.

- 11) 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. If so, please give details.
- 12) Have you been previously insured for the subject risk? If so, give full particulars.
- 13) Has any Company
- (a) Declined your proposal
  - (b) Required an increased premium
  - (c) Refused to renew your policy
  - (d) Cancelled such a policy
- 14) Limit of Indemnity required for
- |              |   |     |  |
|--------------|---|-----|--|
| Any one Act  | - | Rs. |  |
| Any one year | - | Rs. |  |
- 15) Period of Insurance
- |  |   |      |    |
|--|---|------|----|
|  | - | From | To |
|--|---|------|----|

I/We do hereby declare that the above statements and answers are true and what I/We have not withheld any information whatsoever regarding the proposal. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and IFFCO-TOKIO General Insurance. Co. Ltd. whose policy for the insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions for safety of the property as if it were uninsured. I/We declare that all statutory requirements relating to our profession/ business activities have been complied by us.

Date :

Place :

SIGNATURE OF PROPOSER

## SECTION 41 OF THE INSURANCE ACT, 1938

### PROHIBITION OF REBATES

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 continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables 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 Rs. 10,00,000/-.