

**THE NEW INDIA ASSURANCE COMPANY LIMITED**

Regd. & Head Office: New India Assurance Building, 87, M.G. Road, Fort, Mumbai 400001 - India

AGENT: MOHAMED SALEH BEHBEHANI & CO. W.L.L. C.R. NO. 248

P. O. BOX NO. 370, SAFAT 13004, SAFAT - KUWAIT



**MEDICAL ESTABLISHMENT MALPRACTICE LIABILITY  
(HOSPITALS, CLINICS, NURSING HOMES)**

**PROPOSAL FORM**

1. a) The trading name of the Establishment is : \_\_\_\_\_  
\_\_\_\_\_
- b) The parent Company or Owner(s) is/are : \_\_\_\_\_  
\_\_\_\_\_
- c) What percentage of shares in ownership is held by USA or Canadian interests? : \_\_\_\_\_
- d) How long has the Establishment been operated by the present owner(s)? : \_\_\_\_\_
- e) Is the Establishment registered as a charity? : \_\_\_\_\_  
If so, what is the approximate percentage of charity patients : \_\_\_\_\_
2. Give the full name, qualifications and years of experience of the Administrator : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. a) The principal address of the Establishment is (street / area / town / country) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If other locations are to be protected, please List them hereunder or state 'NONE' : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Please state in what capacity the Establishment is registered (and/or licensed) at the specified location(s) listed above : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. a) How many beds are available? : \_\_\_\_\_
- b) What is the approximate average bed occupancy? : \_\_\_\_\_

5. Please state approximate percentage of work performed :

Clinical Trials :	_____ %	Minor Surgery :	_____ %
Communicable Diseases :	_____ %	Intermediate Surgery :	_____ %
Drug/Alcohol Dependency :	_____ %	Major Surgery :	_____ %
Geriatric :	_____ %	Organ Transplants :	_____ %
Psychiatric :	_____ %	Elective T. O. T. :	_____ %
I.V.F.G.I.F.T., etc. :	_____ %	Minor Surgery :	_____ %

6. Does the Establishment have listed items ?

a) An I. C. U. :	_____	b) CAT Scanners or similiar :	_____
c) Medical or Nursing : teaching facilities	_____	d) Pathology laboratories* :	_____

(\* If so, please complete addendum)

7. Give numbers for the following :

a) Employed Surgeons, Surgical Registrars	:	_____
b) Employed Physicians, Registrars, Junior Hospital Doctors	:	_____
c) Surgical Consultants	:	_____
d) Non-Surgical Consultants	:	_____
e) Qualified Nurses	:	_____
f) Qualified Technicians	:	_____

(Should there be insufficient space for any answer, please attach another duly signed sheet).

8. Do you ensure that all Registered Medical Practitioners who provide services to, are employed by you or utilise the facilities of the specified locations, are members of a Defence Body, recognized by your National Medical Association, or are otherwise insured?

Please answer YES or NO : \_\_\_\_\_

9. Please give details of any Clinics operated and approximate number of patients per annum :

Family Planning :	_____	per annum :	_____
S. T. D. :	_____	per annum :	_____
	_____	per annum :	_____
	_____	per annum :	_____
	_____	per annum :	_____



10. a) Please state the amount of blood or blood products stored by your Establishment at any one time : \_\_\_\_\_  
 \_\_\_\_\_
- b) i) Is 100% of the above bought or obtained, from your National Blood Transfusion Services, National Red Cross Society or the equivalent? : \_\_\_\_\_  
 \_\_\_\_\_
- Please answer YES or NO
- ii) If the answer is NO, please give full details of your Blood banking facility : \_\_\_\_\_  
 \_\_\_\_\_
- iii) By whom are blood or blood products tested for transmittable diseases prior to use? (state the source from which Blood is obtained or if other, please give full details) : \_\_\_\_\_  
 \_\_\_\_\_
11. Please state your total Fee income :
- a) For the past 12 months : \_\_\_\_\_ b) Estimated for the next 12 months : \_\_\_\_\_
- (Should there be insufficient space for any answer, please attach another duly signed sheet).
12. a) Who are the present Insurers of the Establishment : \_\_\_\_\_
- b) What are the present policy Limits of Liability? : \_\_\_\_\_
- c) What is the deductible? Establishment : \_\_\_\_\_
- d) What is the expiry date of this present policy? : \_\_\_\_\_
13. Have a Claim(s) or Suit(s) alleging negligence, error or commission been made against the Establishment or its staff, or are there any circumstances, of which you are aware, which may give rise to a claim?
- a) For the past 12 months : \_\_\_\_\_ b) Estimated for the next 12 months : \_\_\_\_\_
- (Should there be insufficient space for any answer, please attach another duly signed sheet).
- Please answer YES or NO : \_\_\_\_\_
- If answer is YES, please give full details : \_\_\_\_\_  
 \_\_\_\_\_
14. When was the establishment built? : \_\_\_\_\_
15. Are the main buildings of fire-proof construction? : \_\_\_\_\_
16. Are the lifts/escalators regularly serviced under contract? : \_\_\_\_\_
17. Are all water tanks, air-conditioning units, etc., regularly tested and serviced? : \_\_\_\_\_

18. Are non-slip polish used on all uncarpeted floor, passageways and staircases? : \_\_\_\_\_
19. What is the distance to the nearest Fire Brigade Station ? : \_\_\_\_\_
20. Are nursing staff instructed in fire control and escape procedures ? : \_\_\_\_\_
21. Are all water tanks, air-conditioning units, etc., regularly tested and serviced ? : \_\_\_\_\_

(Should there be insufficient space for any answer, please attach another duly signed sheet).

I / WE HEREBY DECLARE AND WARRANT that the statements and particulars covered in this proposal form are true and that I / WE have not mis-stated or suppressed any material(s) facts and I / WE agree that this Proposal Form

Name of the Establishment : \_\_\_\_\_

Name of Signatory For/On behalf of above : \_\_\_\_\_

Signature (of person mentioned above) : \_\_\_\_\_

Date (of submission of this policy) : \_\_\_\_\_

Official Stamp (of Establishment as above) : \_\_\_\_\_

Please submit any additional information, which may assist the Company (e.g.: brochures, leaflets, accounts, etc.)

This Proposal Form duly completed, together with any supplementary information, must be signed, stamped and dated by an authorized person of the Establishment / Company.

Signing of the form does not bind the Proposer of the complete to the insurance formalities.