

APPLICATION FORM I Entities

General Guidance

This Proposal Form can be completed electronically or by hand and must be signed and dated by an authorised representative of the Assured. All hand written notes must be clearly legible and all questions should be answered fully, stating "NIL" or "NONE" as applicable. Incomplete answers may delay quotation.

Please attach all supporting documents and include as much detail as possible, using the additional sheets as required.

IT IS THE DUTY OF THE PROPOSER TO DISCLOSE ALL MATERIAL FACTS TO UNDERWRITERS.

Upon acceptance of the Underwriter's terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Assured.

Please ensure you have signed and dated the warranty statement at the end of this Proposal Form.

Section 1 | General Information

1.1 Name of Applicant

Trading Name (if different)

1.2 Principal Trading Address:

Registered Address (if different):

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1.5 Type of Organisation (please describe):

1.4 Tax status

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For Profit

☐

Not For Profit

☐

Public

☐

Government Entity

Section 2 | Exposure Information

2.1 Please provide details of the overseas healthcare services for which coverage is sought:

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2.2 Please provide the following information for the past, current and future financial years:

	Past Financial Year	Current Financial Year	Next Financial Year (Estimate)
Gross Revenue			
Operating Profit/Loss			
Net Cash			

2.3 Please advise the full numbers of medical staff for the forthcoming period of insurance and indicate those requiring coverage under this policy:

Medical Staff	Employed		Non-Employed	
Coverage Required?	Yes	No	Yes	No
General Practitioners				
Psychiatrists				
Radiologists				
Obstetricians				
Anaesthetists				
General Surgeons				
Orthopaedic Surgeons				
Cosmetic Surgeons				
Dentists				
Registered Nurses				
Other – Please Specify				
Other – Please Specify				

Section 3 | Material Changes, Incidents, Complaints & Claims

4.1 During the last 12 months have there been any material changes to your activity / activities?

Yes

☐

No

☐

If yes please provide details in Section 5

4.2 During the last 10 years has any claim been made, defended or settled, or has any malpractice or negligence been alleged against you either in your usual country of residence or abroad?

Yes

☐

No

☐

If yes please provide details in Section 5

4.3 Are there any circumstances which may result in a claim against you?

Yes

☐

No

☐

If yes please provide details in Section 5

4.4 Have you ever been subject to disciplinary proceedings for professional misconduct?

Yes

☐

No

☐

If yes please provide details in Section 5

Section 4 | Declaration & Additional Information

Please attach any additional information you feel is relevant to Underwriter's consideration of the risk, or use the Additional Information Section below.

Declaration and Signature

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal form does not bind the proposer to complete this insurance.

Signature of authorised Individual/Partner/Principal/Director

Signature	Date
	DD/MM/YYYY

Print Name	Position

Phone	Email

Section 5 | Supplementary Information

Please use this space to record the answers to any questions for which you require additional space, noting the appropriate question number:

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