



Professional Indemnity Insurance Form for Doctors

Broker / Agent

Important Notes

1. Please answer all questions fully.
2. Questions not relevant to you, please mark as not applicable.
3. If there is insufficient space, please provide details on a separate sheet of paper carrying your letterhead.
4. The answers to these questions will form part of the contract of insurance for which you are applying.
5. A copy of this application form should be retained for your own records.

I. DETAILS OF APPLICANT

Name of Proposer: First Name Middle Name Surname

Business Address: Code Address Location

PIN Number Email

Telephone: Code Number Mobile Number: Code Number

Date of Registration:

1. Is the proposer:
 - (a) Approved by the regulating body? Yes No
Name of the authority and date of approval
 - (b) A member of a professional association? Yes No
Name of the association and date of acceptance
2. Is the proposer maintained in whole or in part by public or private funds or endowment? Yes No
Please specify:

II. NATURE AND VOLUME OF YOUR PRESENT AND FORESEEABLE FUTURE ACTIVITIES

1. Brief description of the proposer's activities
2. Estimated gross annual income (Please indicate currency)
3. Number of patients per year

	Numbers
(a) In-patients:	<input type="text"/>
(b) Out-patients	<input type="text"/>
4. Area of specialization

(a) General <input type="checkbox"/>	(b) Surgical <input type="checkbox"/>
(c) Gynaecological and obstetrical <input type="checkbox"/>	(d) Paediatric <input type="checkbox"/>
(e) Orthopaedic <input type="checkbox"/>	(f) Dental <input type="checkbox"/>
(g) Psychiatric <input type="checkbox"/>	(h) Any others classes <input type="text"/>

5. Number of beds (including for maternity cases)

Numbers

6. Does the proposer own or operate X-ray machines, lasers, Ultrasound machines or similar equipment?

Yes No

If so, please specify and give number of machines, type and whether they are used for diagnosis or treatment or both

7. Does the proposer use radioactive materials?

Yes No

If so, please specify machinery and/or materials used.

8. Does the proposer operate a blood bank?

Yes No

If so, please advise percentage of use

(a) For own purpose _____ %

(b) For supply to other parties _____ %

III. PREVIOUS INSURANCE / PREVIOUS CLAIMS

1. Has the proposer previously been insured?

Yes No

If so, please specify:

Name of Insurer	Policy Period	Limit of Indemnity
1.		
2.		
3.		
4.		

2. Has a previous application been declined?

Yes No

Has a previous insurance:

(a) Required increased premium?

Yes No

(b) Required special restrictions?

Yes No

(c) been terminated/not been renewed by an Insurer

Yes No

If so, please specify machinery and/or materials used.

3. Have any claims or suits for malpractice been made during the past five years against the proposer?

Yes No

If so, please advise amount and background of each claim.

4. Is the proposer aware of any circumstances or incidents which may result in a claim or claims against him?

Yes No

If so, please give details

IV. INDEMNITY REQUIRED

(a) What Limit of Indemnity is required?

Kshs. 500,000

Kshs. 1,000,000

Kshs. 2,500,000

Kshs. 5,000,000

Other (please specify):

Kshs.

V. DECLARATION

I/we declare that the statements and particulars in this proposal are true and that I/we have not misstated 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.

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

Signed this day of: D D / M M / Y Y Y Y

For and on behalf of: _____
(insert name of firm)

Signature of partner or principal: _____

**RESOLUTION INSURANCE COMPANY LIMITED**

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