Mapfre Malta p.l.c.
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Registration Number: C5553

Professional Indemnity Insurance Proposal Form: Medical Malpractice/Practitioners

IMPORTANT NOTE

PLEASE READ THE FOLLOWING GUIDELINES BEFORE COMPLETING THIS PROPOSAL FORM. WHERE FURTHER INFORMATION OR CLARIFICATION IS REQUIRED PLEASE REFER TO OUR OFFICES OR TO YOUR INSURANCE BROKER OR INSURANCE SALESMAN.

IT IS IMPORTANT TO NOTE that this Proposal Form is for indemnification on a CLAIMS MADE BASIS. This Policy will only respond to "Claims" made against the Proposer and notified to Insurers during the period of insurance.

A. This proposal must be fully completed, signed and dated by the person (The Proposer) seeking the quotation for Medical Malpractice Insurance. Please answer every question fully and state "NIL" or "NONE" as applicable. Unless the Proposal is fully completed a final quotation cannot be given. The completion and signature of the Proposal does not bind the Proposer or Insurers to complete a Contract of Insurance.

B. It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligations under the Policy.

   A material fact is one that is likely to influence an Insurer's judgment and acceptance of your Proposal.

C. Please submit any additional information you feel may be of assistance to Insurers.

D. Upon acceptance of Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with these guidelines will be deemed to be incorporated in the contract between Insurers and the Proposer.

E. Copies of Proposal Forms should be retained for your own records.

ALL QUESTIONS MUST BE FULLY ANSWERED

1. APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)

Name of Proposer	
Business address	
Telephone Number	
I.D Card Number / Company Registration Number	
Gender	
Marital Status	
Nationality	
At what medical school did the Proposer graduate?	
Year of graduation	

Please state the degree obtained and give any details of any post graduate qualifications where applicable	
Where has the proposer practiced his profession since graduation?	In from to In from to
Is the proposer duly licensed in accordance with law to practice at the address given under item 2?	
Please state your original number or registration and the date of registration.	
Member of an association? If yes, please give details.	

2) NATURE AND VOLUME OF YOUR PRESENT AND FORESEEABLE FUTURE ACTIVITIES

1. In what branch or branches of medicine are you qualified and licensed to practice	
a) Anasthesiology	Yes No
b) Cardiology	Yes No
c) Dermatology	Yes No
i) Dermatologist Surgeon	Yes No
ii) Dermatologist (All Others)	Yes No
d) Dentistry	Yes No
e) ENT Specialists	Yes No
f) General Practice	Yes No
g) General Surgery	Yes No
h) Geriatricians	Yes No
i) Gynaecology	Yes No
j) Haematology	Yes No
k) Internal Medicine	Yes No
l) Neurology	Yes No
m) Obstetrics	Yes No
n) Oncology	Yes No
o) Opthalmology	Yes No
p) Orthodontics	Yes No
q) Orthopaedics	Yes No
r) Paediatrics	Yes No
s) Pathology	Yes No
t) Plastic Surgery	Yes No
u) Psychiatry	Yes No
v) Radiology	Yes No
w) Urology	Yes No
x) Any other, not shown If so, please specify:	
2. Is the Proposer, Partner or Assistant regularly involved in first-aid service?	
3. Name(s) of Partners For each Partner all questions listed above have to be answered individually.	

4. Name(s) of qualified medical assistant(s)	
5. Number of technicians employed	
6. Number of nurses employed	
7. Is the Proposer under contract with or in the employment of any individual, firm or cooperation? If so, please give details.	
8. Does the Proposer own, wholly or in part, operate or administer any hospital nursing home or other institution where medical services are customarily rendered? Does he have any reserved beds there? If so, please give details including number of reserved beds.	
9. Does the Proposer own or operate X-ray machines or laser? If so, please give number, type and whether they are used for diagnosis or treatment or both.	
10. Number of patients per year	
11. Please give full details of what patient records are kept and where and how they are stored	
12. Please state the fees earned for the previous two years and projected fees for this year	

3. PREVIOUS INSURANCE /PREVIOUS CLAIMS

	Name of Insurer	Policy Period	Limit of indemnity
1			
2			
3			
4			

1. Has a previous application been declined? Has a previous insurance a) required increased premium? b) required special restrictions? c) been terminated/not been renewed by an insurer? If so, please give detailed information.	 Yes No Yes No Yes No
3. Have any claims or suits for malpractice been made against the Proposer or any of his partners, assistants, nurses or technicians during the past five years? If so, please give details.	Yes No
4. Have you or any of your partner/s ever been convicted or charged but not yet tried for ? If Yes please give details	Yes No
5. Is the Proposer or any of his partners, assistants, nurses or technicians aware of any circumstances or incidents or losses which may result in a claim? If so, please give details.	Yes No

4. INDEMNITY REQUIRED

1. Limit any one claim 2. Aggregate Limit 3. Deductible each and every claim to be borne by insured	Yes No Yes No Yes No

5. ENDORSEMENTS TO BASIC COVER

1. Retroactive Cover If so, indicate number of years (maximum number of years – 5 years) 2. Libel and Slander 3. Loss of Document 4. Dishonesty of Employees	Yes No Yes No Yes No Yes No

IMPORTANT NOTE

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

APPLICABLE LAW

Unless agreed otherwise in writing, your insurance policies with Mapfre Malta p.l.c. (hereinafter referred to as the "Company" or "we") shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification, a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response.

HOW TO COMPLAIN

STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of our personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually the best person to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then address the matter to the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of the concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If you are still unhappy, the next step is to put the complaint in writing, addressing it to Complaints Officer, Mapfre Malta p.l.c., Middle Sea House, Floriana FRN 1442 or via e-mail on compofficer@mapfre.mt. Your communication should set out the details, explain what you think went wrong and what you feel would put things right. If you are not happy about writing it, you can always ask one of our staff members to take note of the complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with.

We will promptly acknowledge your complaint in writing and outline the steps we will take to investigate and resolve it. If we are unable to resolve your complaint within 15 working days, we will inform you of the reason for the delay.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact:

Office of the Arbiter for Financial Services
N/S in Regional Road,
Msida MSD 1920,
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@asf.mt
Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that you have a final reply to your complaint from us before approaching them.

PERSONAL DATA PROCESSING

The proposer and/or policyholder is hereby being informed about the data processing that the Data Controller Mapfre Malta p.l.c. will carry out on his/her personal data provided voluntarily, as well as those provided through his/her intermediary, on his/her consultation, insurance application or, if applicable, the contracting of any service or product.

Purposes of processing:	To manage your insurance application and, if applicable, to manage the contract, preparation of a risk profile for actuarial purposes, fraud prevention and investigation, preparation of a commercial profile for the communication of information and advertising about offers for Mapfre Malta p.l.c.'s products and services, as well as centralized management of your relationship with the Mapfre Group
Legal basis:	Execution of the contract, legitimate interest, compliance with legal obligations and consent
Recipients:	Data may be disclosed to third parties and/or transferred to third countries in accordance with the terms and conditions stated in the additional data protection Information
Rights:	Users may exercise their rights of access, rectification, deletion, restriction, objection, including to automated decision making and portability, as detailed in Additional Information on Data Protection
Additional Information:	You may consult the link to https://www.mapfre.com.mt/privacy-policy

If the data provided pertains to physical persons other than the data subject, including health data, the latter guarantees that they have the former's consent before providing the data, informing them in advance of the data protection terms set out in this document.

The proposer and/or policyholder confirms that they are over 18 years of age. If the data provided by the data subject refers to children under the age of 18, including health data, as the holder of parental authority or guardianship over the minor, you expressly authorize the processing of such data under the terms established in the additional information.

The proposer and/or policyholder warrants that the personal data provided is accurate and truthful and undertakes to keep it up to date and to inform Mapfre Malta p.l.c. of any changes made to it.

Mapfre Msv Life p.l.c. and Mapfre Malta p.l.c. have entered into a joint control agreement committing to comply with data protection legislation to process their data jointly under the terms detailed in section "9. Joint control amongst Mapfre Group companies" in the link to https://www.mapfre.com.mt/privacy-policy/

☐ I want to receive, including in electronic format, personalized sales communications about products and services, discounts, gifts, promotions, and other advantages from the Mapfre Group and other collaborating companies, and therefore I consent to profiling.

In any case, your consent for processing your data for this purpose is revocable and you may withdraw your consent at any time or exercise any of the rights as described in the link to https://www.mapfre.com.mt/privacy-policy/

CONSENT FOR INFORMATION EXCHANGE

I consent, on my behalf and on behalf of anyone listed in this form, that the Company and its intermediaries or any member of the Group may, for the purpose of preventing, detecting or suppressing fraud or any other reason as compelled by law and for the purpose of administering my insurance proposal and policy and handling and settling claims, exchange some or all of the information including information about my insurance history with Public Authorities, members of the legal or medical profession, insurance undertakings, insurance intermediaries and the Commissioner of Police as may be applicable.

I understand (and have explained to others) that when I inform the Company about an incident that may or may not lead to a claim, the Company may share information related to it with the Malta Insurance Association and/or other insurance companies and intermediaries.

We will ensure that this communication is carried out confidentially and in accordance with the Professional Secrecy Act, 1994 and as permitted under relevant legislation.

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read or have had read to me the contents of the completed proposal form and agree that all the statements I have made and information I have provided are correct and complete in every respect and will form the basis of the contract between me and Mapfre Malta p.l.c [us]. I undertake to notify Mapfre Malta p.l.c of any change in the information subsequent to the submitting of this proposal form. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c reserves the right to repudiate the claim or declare the policy void. I understand and agree that by signing this Declaration I will be bound by the statements and disclosures of material facts herein contained. I confirm that I have received, read and understood the 'Insurance Product Information Document', 'Information for Prospective Policyholders' and the quotation relevant to the product for which I am applying.

Period of insurance required	
Signature of applicant	Date
Intermediary	