

Professional Indemnity Insurance Proposal Form: Registered Vets

GUIDELINES TO COMPLETING THE PROPOSAL FORM

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.

1. General data

1. Name of Proposer	
2. Postal address	
3. Telephone Number	
4. Email Address	
5. I.D Card Number / Company Registration Number	
6. Marital Status	
7. Gender	
8. Nationality	
9. Please provide us with your registration number issue by the Malta Veterinary Association	
10. a) At what medical school did the proposer graduate? b) Year of graduation	

<p>6. Is the Proposer under contract with or in the employment of any individual, firm or cooperation?</p> <p>If so, please give details.</p>	
<p>7. Does the Proposer own, wholly or in part, operate or administer any pet clinic/hospital?</p> <p>If so, please give details.</p>	
<p>8. Does the Proposer effect animal surgery?</p>	
<p>9. Please categorize the activities outlined above and indicate the approximate percentage ratios:</p> <p>Domestic Pets _____%</p> <p>Cattle _____%</p> <p>Horses _____%</p> <p>All Others _____%</p>	
<p>10. Does the Proposer anticipate any major changes in these activities in the forthcoming 12 month period?</p>	
<p>11. Please advise how animal visit / procedure records are kept and where and how they are stored</p>	
<p>12. Does the Proposer own or operate X-Ray or ultrasound machines? (if applicable)</p>	
<p>13. Are animals allowed to stay overnight at the Clinic? If so, are animals attended by a member of the clinic / nurse at all times? (if applicable)</p>	
<p>14. Does the Proposer operate a blood bank? (if applicable)</p>	
<p>15. How many Surgery Rooms are there at the Clinic? (if applicable)</p>	
<p>16. Does the Proposer store any medication at the Clinic? If so, is prescribed medication and/or non-prescribed medication given to clients by a qualified nurse under the supervision of a qualified medical assistant?</p>	

III. Previous insurance /previous claims

1. Has the Proposer previously been insured?

If so, please specify:

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

2. Has a previous application been declined?

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 give detailed information.

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 advise amount and details of each claim.

4. Is the Proposer or any of his partners, assistants, nurses or technicians aware of any circumstances or incidents which may result in a claim?

If so, please give details.

5. Is the Proposer or any of his partners, assistants, nurses or technicians ever been convicted or charged but not yet tried for any offence?

If Yes, please give details

IV. Endorsements to basic cover

1. Retroactive Cover

If so, indicate number of years
(maximum number of years – 5 years)

Yes No

2. Libel and Slander

Yes No

3. Loss of Document

Yes (Automatic)

4. Dishonesty of Employees

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 both you and we agree otherwise this contract 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 Middlesea plc, Middle Sea House, Floriana FRN 1442 or via e-mail on compofficer@middlesea.com. 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.

Once the Complaints Officer receives a written complaint, it shall be fully investigated. The complaint will be acknowledged in writing within five working days of receiving it and the letter will state when you can expect a full response. This should normally be within fifteen working days unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and will inform you when we expect to provide a full response.

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
First Floor
St Calcedonius Square
Floriana FRN1530
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@financialarbiter.org.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.

DATA PROTECTION PERSONAL PROCESSING CLAUSE

The Proposer is hereby informed and expressly consents, by signing this document, to the processing of the data voluntarily provided in this document, as well as of any data which might be provided to MAPFRE Middlesea Plc or "The Company" directly or through an Insurance Intermediary, and those obtained by recording telephone conversations or as a result of browsing through Internet webpages or by other means, for the enforcement of the agreement or regarding a quotation, application, or the contracting of any service or product, even after the end of the pre-contractual or contractual relation, including, if applicable, any communication or international data transfer which might be made for the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://www.mapfre.com.mt/privacy-policy/>.

The Proposer consents in turn to the recording of any telephone conversations with the Company regarding the insurance agreement.

MAPFRE Middlesea Plc may view the Proposer's data in files regarding the fulfilment and non-fulfilment of monetary obligations.

Should the data provided pertain to physical persons other than the Proposer, the latter guarantees that he/she has obtained and has their prior consent for the communication of their data and has informed them, prior to their inclusion in this document, of the purposes of the data processing, communications, and other terms established herein and in the Additional Data Protection Information.

The Proposer declares that he/she is older than eighteen (18) years of age. Likewise, should the data provided belong to minors, as the minor's parent(s) or guardian(s), he/she expressly authorises the processing of the said data, including; if applicable, data pertaining to health, for the management of the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://www.mapfre.com.mt/privacy-policy/>.

The Proposer guarantees the accuracy and truthfulness of the personal data, including sensitive personal data provided, undertaking to keep them duly updated and to notify MAPFRE Middlesea Plc of any changes in them.

Basic data protection information

Controller:	MAPFRE Middlesea Plc
Purposes:	Management of the insurance agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with the MAPFRE Group, and delivery of information and advertising on MAPFRE Group products and services.
Standing:	Execution of the project.
Recipients:	Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.
Rights:	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection Information.
Additional Information:	You can view the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through https://www.mapfre.com.mt/privacy-policy/ .

☐ Check this box if you object to the processing and communication of your personal data by MAPFRE Middlesea Plc for the delivery of information and advertising of the Company products and services, of the various MAPFRE Group companies, and of Third party companies with which any MAPFRE Group company has entered partnership agreements. If you do so, we will be unable to inform you of any discounts, gifts, promotions, and other benefits associated with the MAPFRE Group customer loyalty plans.

In any case, your consent to the treatment of your data for these purposes is revocable, and you may withdraw your consent or exercise any of the rights mentioned at any time as specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://www.mapfre.com.mt/privacy-policy/>.

PROFESSIONAL SECRECY

I consent on my behalf and on behalf of any other person specified in this form (others), that the Company or any other member of the Group may exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the purpose of administering my insurance proposal and policy, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics. I also authorise (on my own behalf and on behalf of others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and have explained to Others) that when I tell the Company about an incident which may or may not

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 Middlesea p.l.c [us] . I undertake to notify MAPFRE Middlesea p.l.c of any change in the information subsequent to the submitting of this proposal form. I am satisfied with the way the proposal form has been completed and if it has been completed by an employee and / or authorised intermediary on my behalf such person, shall, for that purpose, be regarded as my / our agent. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, MAPFRE Middlesea 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 acknowledge that a material fact is one which is likely to influence MAPFRE Middlesea p.l.c in the best assessment and acceptance of the proposal form. If in doubt as to whether a fact is material then it should be disclosed. 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. I hereby agree that I have read the policy and am bound by the terms, conditions, limitations and exclusions of the said policy.

Before signing this document, please read the basic data protection information given in the PERSONAL DATA PROCESSING clause. By signing this document, you consent to the processing of your personal data, including sensitive personal data in the terms and conditions stipulated in said clause.

Period of insurance required

Signature of
applicant

Date

Intermediary

COM: MMS160823

REF: PIVF-V2.0-010923

MAPFRE Middlesea p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both Long Term and General Business under the Insurance Business Act. MAPFRE Middlesea p.l.c. is regulated by the MFSA.