

## Medical Malpractice Proposal Form for the members of the Medical Association of Malta

### General Data

1. Name of Proposer	
2. MAM Registration Number	
3. Email Address	
4. Business Address	
5. Telephone Number	
6. I.D Card Number / Company registration number	
7. Date of Birth	
8. Occupation	
9. Please state your original number of registration and the date of registration	

### Section A - Professional Indemnity

#### IMPORTANT NOTE

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. 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.

1a. At what medical school did you graduate?	
1b. Year of Graduation?	

2. Please state the degree obtained and give any details of any post graduate qualifications where applicable																																																																									
3. Where and when have you practised your profession since graduation?																																																																									
4. Is the proposer duly licenced in accordance with law to practice at the business address mentioned above?																																																																									
5. Member of association? If yes, please give details.																																																																									
<p>6. In what branch or branches of medicine are you qualified and licensed to practice</p> <table border="0"> <tr><td>a) Anesthesiology</td><td>Yes</td><td>No</td></tr> <tr><td>b) Cardiology</td><td>Yes</td><td>No</td></tr> <tr><td>c) Dermatology</td><td>Yes</td><td>No</td></tr> <tr><td>d) Dentistry</td><td>Yes</td><td>No</td></tr> <tr><td>e) ENT Specialists</td><td>Yes</td><td>No</td></tr> <tr><td>f) General Practice</td><td>Yes</td><td>No</td></tr> <tr><td>g) General Surgery</td><td>Yes</td><td>No</td></tr> <tr><td>h) Geriatricians</td><td>Yes</td><td>No</td></tr> <tr><td>i) Gynaecology</td><td>Yes</td><td>No</td></tr> <tr><td>j) Haematology</td><td>Yes</td><td>No</td></tr> <tr><td>k) Internal Medicine</td><td>Yes</td><td>No</td></tr> <tr><td>l) Neurology</td><td>Yes</td><td>No</td></tr> <tr><td>m) Obstetrics</td><td>Yes</td><td>No</td></tr> <tr><td>n) Oncology</td><td>Yes</td><td>No</td></tr> <tr><td>o) Ophthalmology</td><td>Yes</td><td>No</td></tr> <tr><td>p) Orthodontics</td><td>Yes</td><td>No</td></tr> <tr><td>q) Orthopaedics</td><td>Yes</td><td>No</td></tr> <tr><td>r) Paediatrics</td><td>Yes</td><td>No</td></tr> <tr><td>s) Pathology</td><td>Yes</td><td>No</td></tr> <tr><td>t) Plastic Surgery</td><td>Yes</td><td>No</td></tr> <tr><td>u) Psychiatry</td><td>Yes</td><td>No</td></tr> <tr><td>v) Radiology</td><td>Yes</td><td>No</td></tr> <tr><td>w) Urology</td><td>Yes</td><td>No</td></tr> <tr><td>x) Any other, not shown If so, please specify:</td><td></td><td></td></tr> </table>	a) Anesthesiology	Yes	No	b) Cardiology	Yes	No	c) Dermatology	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) Ophthalmology	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:			
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7. Are you or any of and, Partner or Assistant regularly involved in first-aid service?	Yes No																																																																								
8. Name(s) of Partners (For each partner all questions listed above have to be answered individually)																																																																									

9. Name(s) of qualified medical assistant(s)			
10. Number of technicians employed			
11. Number of nurses employed			
12. Is the Proposer under contract with or in the employment of any individual, firm or cooperation?  If so, please give details.		Yes	No
13. 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		Yes	No
14. 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.		Yes	No
15. Number of patients per year			
16. Please give full details of what patient records are kept and where and how they are stored			
17. Please state the fees earned for the previous two years and projected fees for this year			
18. Has the Proposer previously been insured?  If so, please specify:		Yes	No
	Name of Insurer	Policy Period	Limit of indemnity
1			
2			
3			
4			

<p>19. Has a previous application been declined?</p> <p>Has a previous insurance</p> <p>a) required increased premium?</p> <p>b) required special restrictions?</p> <p>c) been terminated/not been renewed by an insurer?</p> <p>If so, please give detailed information.</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p> <p>Yes No</p>
<p>20. 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?</p> <p>If so, please advise amount and details of each claim.</p>	<p>Yes No</p>
<p>21. Is the Proposer or any of his partners, assistants, nurses or technicians aware of any circumstances or incidents which may result in a claim?</p> <p>If so, please give details.</p>	<p>Yes No</p>
<p>22. <b>Cover</b></p> <p>a) Indemnity required</p> <p>Please indicate the limit any one claim</p> <p>Option A - €100,000</p> <p>Option B - €200,000</p> <p>Option C - €250,000</p> <p>b) Do you require Retroactive Cover?</p> <p>If so, indicate number of years (maximum number of years – 5 years)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Yes No</p>

## SECTION B – HEALTH INSURANCE

The purpose of the policy is to provide cover for the customary and reasonable fees of recognised treatment, which is medically necessary for Major acute medical conditions (as defined in the policy) carried out either due to an emergency on a non-elective basis during temporary business or holiday trips abroad or, in the case of elective treatment abroad, only in respect of treatments which are not available in Malta and with the prior agreement of the Company. All claims for treatment carried out in Malta are excluded from cover.

<p>1. What is your principal country of residence? (wherein you reside for more than 180 days in any 12 month period)</p>	
<p>2. Would you like to extend cover to include your dependants ? (all persons must reside at the applicant's address unless agreed otherwise)</p>	<p>Yes No</p>

	Name	Surname	Date of Birth	ID Card No	Relationship to the Proposer
Dependant 1					
Dependant 2					
Dependant 3					
Dependant 4					

<p>3. Are you or any dependant/s listed in this Proposal Form residing away from the principal country of residence for more than 180 days in any 12 month policy period?</p> <p>If 'Yes' please give details</p>	<p>Yes No</p>
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<p><b>4. Medical History and Other Information</b></p> <p>Please ensure that you disclose all known and suspected medical conditions in respect of any person to be included in this Proposal Form. It is important to note that we shall not accept liability for a medical condition which arose prior to the proposal date unless such a condition is declared and which MAPFRE Middlesea plc did not exclude. Failure to notify MAPFRE Middlesea plc of any or suspected medical condition may result in the policy being invalidated.</p> <p>Please answer all the questions in this section. If you answer 'YES' to any of the questions please give full details in the space provided.</p>	
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Have you or any of your dependants included in this Proposal Form:

A. Consulted with a general practitioner/family specialist and been provided with prescription drugs or medication within the last five years?	Yes	No
B. Consulted with a specialist in the last five years with an actual or suspected medical condition?	Yes	No
C. Is there any known or foreseeable need to consult a doctor or any other health professional for any reason?	Yes	No
D. Been admitted to a hospital, clinic or nursing home in the last five years?	Yes	No
E. Currently taking any medication or is there any foreseeable need to take medication?	Yes	No
F. Do you undergo regular check ups (such as, but not limited to : mammograms, colonoscopy, bone density, pap smear, ECG, cholesterol, prostate check ups) ? If 'Yes' please provide us with a copy of the most recent results.	Yes	No
G. Do you suffer from a chronic medical condition, or from a known disability, or recurrent injury or illness (such as but not limited to: hypertension, diabetes, asthma, recurrent injury)?	Yes	No
H. Been refused Private Medical Insurance or Life Assurance cover?	Yes	No
I. Are you or any of your dependants currently insured or was/were insured under another Private Medical Insurance policy? If 'Yes' please provide details	Yes	No
J. Do you or any of your dependants included in this form smoke? If 'Yes', indicate who smokes, for how long has he/she been smoking and how many cigarettes he/she smokes daily.	Yes	No

If you have answered 'YES' to any question from a-j please give full details in the space provided

Question No	Name	Medical Condition	Date of Diagnosis	Treatment Received	Does this medical condition still exist?

5. Additional Comments (include any other facts that should be brought to our attention)	Yes	No
6. Name and address of your usual family GP/Family Specialist	Yes	No

## SECTION C – PERSONAL ACCIDENT

### SCALE OF COMPENSATION

Death:	€10,000
Permanent Total Disablement:	€10,000
Permanent Partial Disablement:	€10,000 - according to Permanent Disability Scale
Temporary Total Disablement (Accident and Sickness):	€150 per week up to a maximum of 104 weeks for Accident claims and up to a maximum of 52 weeks for sickness claims
Medical Expenses:	Nil

1. Are you to the best of your knowledge and belief in sound physical and mental health and free from any physical defect or infirmity?  If not, give details	Yes	No
2. Has any person to be insured sustained any accidents during the past five years?  If so, give details.	Yes	No
3. Do you, or do you intend to participate in any hazardous occupation, pursuits or hobbies e.g. aviation, motorsports, working at heights above 30 feet, fireworks manufacture, extreme sports or diving?  If so, give details.	Yes	No
4. Are you now or have you ever been insured for these risks?  If so, give details:	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. We distinguish complaints from queries. Queries are challenges to specific decisions in specific circumstances.

### The Company will deal with your complaint

The Company does not look at complaints as unwanted. In fact, they may help the Company to see where its services or procedures may be improved. It is in the parties' interest for the Insured to let the Company know when the Insured feels that the Company has made a mistake or done something which the Insured finds unsatisfactory. Even if the Insured does not think that the particular concern amounts to a complaint the Company would still like to know about it. The Insured will help the Company improve its service further.

## HOW TO COMPLAIN

### STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of the Company's 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 the Insured is concerned about as they will be in the best position to help the Insured promptly and to put things right. If they are not available or the Insured would prefer to approach someone else then address the matter to the manager or senior person responsible. The Company will seek to resolve the problem immediately. If the Company cannot do this then the Company will take a record of the concern and arrange the best way and time for getting back to the Insured. This will normally be within two working days.

### STEP 2 – TAKING THE COMPLAINT FURTHER

If the Insured is still unhappy the next step is to put the complaint in writing, addressing it to the Complaints Officer, setting out the details, explaining what the Insured thinks went wrong and what the Insured feels would put things right. If the Insured is not happy about writing a letter, the Insured can always ask a member of the Company to take notes of the complaint which the Insured will be then asked to sign. The Insured will be provided with a copy for their own reference. This record will be passed promptly to the Complaints Officer to deal with.

Once the Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. The complaint will be acknowledged in writing within five working days of receiving it and the letter will state when the Insured 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 the Company will still let the Insured know what action is being taken and will inform the Insured when the Company expects 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@financiararbiter.org.mt](mailto:complaint.info@financiararbiter.org.mt)  
Website: [www.financiararbiter.org.mt](http://www.financiararbiter.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 [www.middlesea.com/insurance-mt/data-protection/](http://www.middlesea.com/insurance-mt/data-protection/)

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 [www.middlesea.com/insurance-mt/data-protection/](http://www.middlesea.com/insurance-mt/data-protection/)

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

<b>Controller:</b>	MAPFRE Middlesea Plc
<b>Purposes:</b>	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.
<b>Standing:</b>	Execution of the project.
<b>Recipients:</b>	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.
<b>Rights:</b>	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection Information.
<b>Additional Information:</b>	You can view the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <a href="http://www.middlesea.com/insurance-mt/data-protection/">www.middlesea.com/insurance-mt/data-protection/</a>

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 [www.middlesea.com/insurance-mt/data-protection/](http://www.middlesea.com/insurance-mt/data-protection/)

### 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 give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and / or other insurance companies and intermediaries. In doing so we will ensure that this communication is carried out confidentially and within the terms of the Professional Secrecy Act, 1994

**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 this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and MAPFRE Middlesea p.l.c. (us). I confirm that I have disclosed all Material Facts and accept our standard form of policy for this type of insurance. I am satisfied with the way the proposal has been completed. I confirm that if this form has been completed by one of our employees and/or authorised intermediary on my behalf such person shall, for that purpose be regarded as my agent and our agent. I agree to read the policy and be 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	

**PI MAM PRF 01.05.18.**

MAPFRE Middlesea p.l.c. (C-5553) is authorised by the Malta Financial Services Authority to carry on both Long Term and General Business under the Insurance Business Act, 1998.