Guardian Group
Guardian General Insurance Limited

Head Office: Newtown Centre, 30-34 Maraval Road, Newtown, Port of Spain, Trinidad & Tobago, W.I
Telephone: (868) 226-myGG (6944) ▪ Fax:(868) 622-9994
Website: www.myguardiangroup.com

PROFESSIONAL INDEMNITY PROPOSAL FORM
MEDICAL MALPRACTICE INSURANCE

Please read these guidance notes **before** completing the Proposal Form. Where further information or clarification is required please refer to your Broker/Insurance Agent.

PLEASE NOTE: **This Proposal Form is for indemnification on a CLAIMS MADE BASIS. This policy only responds to 'Claims' made against the Proposer and notified to Insurers during the Period of Insurance.**

1. The Proposal Form must be typed, or completed in ink and signed and dated by such person (The Proposer) seeking the quotation for Medical Malpractice Insurance that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE as applicable. Incomplete answers may not be accepted and can delay quotation.

2. Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all partners.

3. Please submit any additional information you feel may be of assistance to Insurers, such as Brochures etc.

4. Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

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

   For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgment and acceptance of your Proposal.

6. Upon acceptance of the Insurers' Terms and Conditions and payment of the premium all information provided by you together with the guidance notes will be deemed to be incorporated in the contract between you and the Insurers.

7. Copies of the Proposal Forms should be retained for your records.

SIGNING OF THIS PROPOSAL FORM **DOES NOT** BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

If insufficient space is provided to answer a question insert 'See attached' and show the question number and answer on a separate sheet of paper.

1) Full name of the Proposer: _____

2) Date of Birth: _____

3) Residence Address: _____

4) Business Address(es): _____

_____

5) a) Where did you qualify? _____

b) In what year? _____

c) With what degree? _____

Please give details of any additional or post graduate qualifications: _____

_____

6) In what branch or branches of complementary medicine are you qualified and, if applicable, licensed to practice?

Acupuncture	☐	Acupressure	☐	Alexander Technique	☐
Aromatherapy	☐	Autogenic	☐	Ayurveda	☐
Biochemics	☐	Chiropractic	☐	Colonic Irrigation	☐
Colour Therapy	☐	Counseling	☐	Crystal Therapy	☐
Craniosacral Therapy	☐	Healing/Reiki	☐	Herbalism	☐
Homeopathy	☐	Hypnosis	☐	Iridology	☐
Kinesiology	☐	Light Touch Therapy	☐	Massage	☐
Moxibustion	☐	Music Therapy	☐	Multi Vitamin Therapy	☐
Naturopathy	☐	Nutrition Therapy	☐	Osteopathy	☐
Polarity Therapy	☐	Psychotherapy	☐	Radionics	☐
Reflexology	☐	Rolfing	☐	Shiatsu	☐
Yoga	☐				

Other (please specify): _____

_____

7) Please give full details of what patient records are kept, where and how they are stored and for how long they are retained: _____

_____

_____

Please note it is a requirement of this policy that all records are retained for a minimum period of 7 years, and in the case of minors, 7 years from majority.

8) Please state the approximate percentage breakdown of your work between the following categories and state whether you are employed or self-employed:

	Employed	Self-employed
Your Private Practice	_____%	_____%
Clinics	_____%	_____%
Private Non-Surgical Nursing	_____%	_____%
Homes and Hospices	_____%	_____%
Patients' Homes	_____%	_____%
Other (please specify):	_____%	_____%
TOTAL	_____%	_____%

If you are an employee, please state the name of the company (or other entity) for whom you work:

_____

9) What is your total gross annual income EXCLUDING income from the sale of goods:
_____

10) Do you own (wholly or in part), operate or administer any hospital, nursing home or any other medical establishment? YES☐ NO ☐

IF THE ANSWER IS 'YES' AN ADDITIONAL PROPOSAL FORM WILL HAVE TO BE COMPLETED BEFORE QUOTATIONS CAN BE GIVEN

11) Please state the number of employees and give details of the capacity in which they practice:
_____
_____

12) a) Do you or any employee involved in the treatment or care of patients suffer from any disability or other impediment which may affect the performance of your, his or her professional duties or place patients at risk? YES☐ NO☐

If 'YES', please give full details _____
_____

b) Have you or any employee involved in the treatment or care of patients been the subject of or convicted of any criminal offence, professional disciplinary proceedings or inquiries? YES☐ NO☐

If 'YES', please give full details _____
_____

13) a) Are you a member of any professional organisation, or registered with any self regulating body? YES☐ NO☐

If 'YES', please state which and period of membership/registration _____
_____

b) Has membership of/registration with such organization/body ever been suspended, withdrawn, amended or declined or had conditions attached? YES☐ NO☐

14) If you are an employee, is it a condition of your employment that you maintain Medical Malpractice Insurance? YES☐ NO☐

If 'YES', please give full details _____
_____

15) Have you ever been insured for Medical Malpractice? YES☐ NO☐

If 'YES' please state:
a) the name of the Insurer(s) _____
b) the Insurance period: _____
c) the Limits of Liability provided: _____

16) Has any application for insurance of this nature ever:

a) been Declined? YES☐ NO☐
b) had its premium increased? YES☐ NO☐
c) had special conditions imposed? YES☐ NO☐
d) been refused renewal? YES☐ NO☐
e) been cancelled? YES☐ NO☐

If 'YES', please give full details:_____
_____
_____

17) a) To the best of your knowledge and belief, have any claims been made or negligence alleged against you in the last 10 years? YES☐ NO☐

If "YES", please complete the table below.

Date of Incident	Date of Claim	Amount Claimed	Amount Paid	Amount Outstanding	Details including nature of the allegations and details of Claimant

b) Are you aware of any circumstances/complaints which may give rise to a claim being made against you? YES☐ NO☐

If "YES", please complete the table below.

Date of Circumstances/Complaint	Details including nature of the Complaint and details of Complainant

18) a) Have all of the above in Question 17 been notified to your previous Insurers? YES☐ NO☐

If "YES", give date of notification _____ (mm/dd/yy)

b) Have all of the above been accepted by your previous Insurers? YES☐ NO☐

If "NO", please give full details: _____
_____
_____
_____
_____
_____
_____
_____

19) Please indicate which limit(s) of Indemnity you require quotations for:

TT$ 250,000 ☐ TT$ 500,000 ☐ TT$ 1 million ☐ TT$ 2 million ☐
TT$ 3 million ☐ TT$ 4 million ☐ TT$ 5 million ☐
Other (please specify) ☐

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to the Company.

A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your Proposal. If your Proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

DECLARATION

I/We wish to effect insurance with Guardian General Insurance Limited on the Terms Conditions and Exclusions of the Policy to be issued by the Company.

I/We declare and warrant that after enquiry all statements and particulars contained in this Proposal are true and that no information whatever has been withheld which might increase the risk of the Insurers or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Insurers as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal may result in Guardian General Insurance Limited refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between me/us and Guardian General Insurance Limited upon acceptance by me/us and of the Quotation afforded by the Insurers.

NAME IN BLOCK CAPITALS: _____

Signature: _____
If Company, Please Affix Company Stamp

Date: _____
mm/dd/yy