

Chubb Elite Medical Malpractice Insurance

Proposal Form – For Medical Establishments



Important Notices to the Applicant

Your Duty of Disclosure

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

Change of Risk or Circumstances

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

- A. Before completing this section, please read the important notices starting on page 1.
- B. This proposal must be completed, signed and dated by a Principal, Partner or Director.
- C. You must answer all the questions in this form. If a question is not applicable, state "N/A". If more space is required to answer a question, continue on your letterhead.
- D. If you are a new practice, use the projected figures from your business plan.
- E. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

Application for Insurance Cover

Period of Insurance	From <u>DD / MM / YYYY</u>	To <u>DD / MM / YYYY</u>
Limit of Insurance Required	Option 1 PHP _____	Option 2 PHP _____
Excess / Deductible Requested	Option 1 PHP _____	Option 2 PHP _____
Type of Insurance Requested	<input type="checkbox"/> Insurance	<input type="checkbox"/> Reinsurance
Are you requesting cover for Fraud & Dishonesty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting cover for Principals' Previous Business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Details of Applicant

1.1. Names and Company Registration Numbers of all practice entities applying to be covered under this insurance (Referred to as "you" or "your" in the rest of this form).

1.2. Has your name ever been changed, or have you purchased or merged with any other practice or business? Yes No

If **Yes**, please attach details.

1.3. Please list your principal address.

Postal Code _____

1.4. Please list the address(es) of your branch offices or other locations (if applicable).

1.5. Please list your website address.

1.6. When was your practice entity established?

DD / MM / YYYY

1.7. Please indicate:

Type of Facility

- Private Hospital
 Public Hospital
 Hospital – Other
 Nursing Home
 Miscellaneous Medical Facility (not operating as part of a hospital)

Nature of Practice Entity

- Joint Venture
 For profit
 Not for Profit
 Limited Liability Company
 Limited Partnership

Based on your Type of Facility indicated on 1.7, please complete 1 of the 3 relevant categories below:

Hospitals

Total Number of Licensed Beds:	
Total Number of Occupied Beds:	
<i>Percentage of total beds:</i>	
Medical / Surgical Beds	
Psychiatric Beds	
Long Term Care Beds	
Maternity Beds	
Intensive Care beds	

Provide annual number of:

Births	
Inpatient Surgeries	
Outpatient Surgeries	
ER Visits	
Other Outpatient Visits	

Total Number of Physicians

Provide Number of Hospitals

Hospital Large (>200 beds)	
Hospital Medium (50-200 beds)	
Hospital Small (< 50 beds)	

Annual Patients

Number of Annual Patients - Total Number	
Number of Annual Patients - Inpatients %	
Number of Annual Patients - Outpatients %	

Nursing Homes

Number of Licensed Beds:	
Number of Facilities:	

Miscellaneous Medical Facilities

Number of locations / facilities:		
Type of Facility	Exposure Type	Annual Exposure Value
01 - Emergency Ambulance (Land)	Transports	
02 - Emergency Ambulance (Air)	Transports	
03 - Non-Emergency Ambulance	Transports	
04 - High risk Ambulatory Surgery Centres (Bariatric / Plastic / Cosmetic)	Visits	
05 - Medium risk Ambulatory Surgery Centres (Gynaecology/Orthopaedic/Cardiac Catheter)	Visits	
06 - Low risk / All Other Ambulatory Surgery Centres	Visits	
07 - Cancer Research/Treatment	Visits	
08 - Clinics/ consultative centre	Visits	
09 - Community Health Centres or Health Depts	Visits	
10 - Dialysis Centre	Visits	
11 - Drug Testing Labs	Receipts/Sales	
12 - Health & Wellness Centres	Visits	
13 - Home Health Care - Cooking/Cleaning/Home Help	Visits	
14 - Home Health Care - Professional services/Infusion therapy	Visits	
15 - Hospice Care - Inpatient bed	Occupied Beds	
16 - Hospice Care - Professional services	Visits	
17 - Imaging/Diagnostic Radiology: invasive procedures	Receipts/Sales	
18 - Imaging/Diagnostic Radiology: non-invasive procedures	Receipts/Sales	
19 - Laboratory - Dental	Receipts/Sales	
20 - Laboratory - Medical/Pathology	Receipts/Sales	
21 - Laboratory - Ocular	Receipts/Sales	
22 - Lithotripsy	Visits	
23 - Mental Health Counselling Services - OP only	Receipts/Sales	
24 - Pharmacies - Community/Retail	Pharmacy receipts/Sales	
25 - Pharmacies - High risk (Infusion /Compound)	Pharmacy receipts/Sales	
26 - Rehabilitation	Visits	
27 - Sleep Centres	Visits	
28 - Colleges / Universities	Students	
29 - Therapeutic Radiology	Receipts/Sales	
30 - Urgicentre	Visits	
31 - Weight Loss Centre	Visits	
32 - Woman`s health Centre	Visits	
33 - Aesthetic Medicine establishment (no invasive procedures)	Receipts/Sales	
34 - Traditional / Holistic medicine establishment	Receipts/Sales	
35 - Online platform doctors service / telemedicine organization	Consultations	

1.8. Complete the following section only if coverage is requested for these professionals:

Healthcare Providers / Physicians	Number of covered professionals:	
Allied Health	Full Time	Part Time
1. Allied Health Personnel		
2. Alternative Therapy		
3. Podiatrist (with surgery)		
4. Psychologist		
Dentists	Full Time	Part Time
5. Cosmetic Dentistry		
6. General Dentistry - No Extraction/Root Canal/END/Surgery		
7. Specialist Dental Practice - Orthodontist/Periodontist/Endodontist		
Nurse	Full Time	Part Time
8. Nurse Anaesthetist		
9. Nurse Practitioner		
Physicians	Full Time	Part Time
10. Allergy		
11. Anaesthesia		
12. Cardiology		
13. Hospitalist		
14. Clinical Genetics		
15. Dermatology		
16. Emergency Medicine (ER duties, no elective General Anaesthesia)		
17. Emergency Medicine (with elective General Anaesthesia)		
18. Endocrinology		
19. Gastroenterology		
20. General Practice		
21. General Practice - Invasive Procedures with General Anaesthetics		
22. Geriatric Medicine		
23. Gynaecology (no surgery)		
24. Haematology		
25. Immunology		
26. Infectious Diseases		
27. Intensive Care (ICU duties, no elective General Anaesthesia)		
28. Intensive Care (with elective General Anaesthesia)		
29. Internal Medicine		
30. Medico Legal Advisers		
31. Neonatology/Perinatology		
32. Nephrology		
33. Neurology		

34. Non-Clinical/Research/Academia		
35. Nuclear Medicine		
36. Obstetrics Ultrasound		
37. Oncology		
38. Ophthalmology		
39. Paediatrics		
40. Pain Medicine		
41. Palliative Medicine		
42. Pathology		
43. Proctology		
44. Psychiatry		
45. Public Health		
46. Public Health Medicine		
47. Radiation Oncology		
48. Radiology		
49. Resident Medical Officer (RMO)		
50. Respiratory and Sleep Medicine		
51. Rheumatology		
52. Semi-retired physician		
53. Sports Medicine		
54. Surgeon-Consulting Only (no surgery)		
55. Surgical Assistants		
56. Traffic Medicine		
57. Travel Medicine		
Surgery	Full Time	Part Time
58. All Surgeons excluding: (a) Bariatric Surgery, (b) Neurosurgery, (c) O&G, (d) Orthopaedic Surgery, (e) Plastic Surgery		
59. Bariatric Surgery		
60. Cardiology (Major surgery)		
61. Gastroenterology (Major surgery)		
62. GP-Obstetrics		
63. Neurosurgery		
64. O&G		
65. Ophthalmology (with Lasik)		
66. Oral and maxillofacial surgery		
67. Orthopaedic Surgery (inc. Spinal surgery)		
68. Plastic Surgery - including Elective Cosmetic Surgery		
69. Plastic Surgery - Reconstructive Only		

1.9. Please list the qualifications of your Principals, Partners, Directors or other key professional personnel.

Name	Qualifications	Year Qualified	Years as Principal, Partner or Director	
			This Practice	Previous Practice

1.10. If there is only a sole Principal, what arrangements do you have in place to ensure business continuity when that Principal is travelling, on leave, ill or away from the office?

2. Details of Business

2.1 Which professional societies & associations are you, your Principals, Partners or Directors members of?

2.2 Is your practice entity duly licensed to practice at the address(es) specified in Questions 1.3 and 1.4? Yes No

2.3 Do you ensure that all doctors providing medical services for or using the facilities of your practice entity are members of a Medical Defense Union or Medical Protection Society or otherwise carry their own medical malpractice insurance covers? Yes No

If **No**, are you requesting coverage for these doctors as part of your application? Yes No

2.4 Are you ISO 9001 certified? Yes No

If **Yes**, when was this achieved and for which activities?

2.5 Do you have an:

(i) Intensive care unit (ICU)? Yes No

(ii) Accident & emergency (A&E) department? Yes No

(iii) Outpatients department? Yes No

(iv) Medical teaching facility? Yes No

(v) Pathology facility? Yes No

(vi) Blood banking facility? Yes No

2.6 What percentage of your activities are represented by each of the following types of professional healthcare services:

Type of Services	%	Type of Services	%
Audiology		Oncology	
Aged Care / Assisted Living		Ophthalmology (including LASIK & laser)	
Cardiology		Paediatrics	
Communicable Disease / Tubercular		Pathology	
Dentistry		Physiotherapy	
Dermatology		Plastic surgery (elective cosmetic)	
Drug / alcohol dependency		Plastic surgery (reconstructive)	
Ear / Nose / Throat		Podiatry	
Elective Termination		Psychiatric	
Gastroenterology		Radiography / medical imaging	
General Practice / General Medicine		Rehabilitation	
Gynaecological		Surgical	
Invitro Fertilisation (IVF)		Traditional medicine	
Obstetrics / maternity		Other (please specify)	
		Total	100 %

2.7 Do you engage in any other professional healthcare services or business activities other than what is described in this section? If **Yes**, please attach details of the type of work and the fee income from these other activities. Yes No

2.8 Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business? Yes No

If **Yes**, please attach details.

3. Details of Business

3.1 When does your Financial Year end? DD / MM

3.2 What is your total turnover or fee income for the:

	Year	Philippines	Total
Coming year (est.)		PHP	PHP
Current year (est.)		PHP	PHP
Past year		PHP	PHP

3.3 Please indicate your patient demographic.

Philippines (%)	Other Asia (%)	Australia / NZ (%)	Europe (%)	USA / Canada (%)	Others (%)	Total
						100 %

3.4 Please list the foreign countries you provide services in and the number of staff located in each.

Country	Number of Staff	Country	Number of Staff

4. Risk Management

- 4.1. Do you keep accurate records and ensure all medical professionals hold valid licenses to practise in their respective specialisations issued by the relevant official authority in the country where you practice? Yes No
- 4.2. Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedure? Yes No
- 4.3. Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry? Yes No
- 4.4. Do you have and follow documented risk management and quality control procedures? Yes No
- 4.5. Are these risk management and quality control procedures regularly reviewed and updated to the appropriate standards applying to your industry? Yes No
- 4.6. Do you have standard procedures for the reporting of medical incidents? Yes No

5. Insurance History

- 5.1. Do you currently have medical malpractice? Yes No

If **Yes**, please provide details.

Period of Insurance	Insurer	Policy Limit (PHP)	Excess (PHP)	Retroactive Date

- 5.2. Have you ever had any application for medical malpractice insurance refused, or had any medical malpractice insurance coverage rescinded or cancelled? Yes No

If **Yes**, please provide brief details below or on a separate sheet, noting the Section number.

Declaration

Before entering any contract of insurance with an Insurer, the Applicant has a duty to disclose to the Insurer every matter that the Applicant knows, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. The Applicant has the duty to disclose any new or changed information to the Applicant before the Applicant instructs to bind, renew, extend, vary, or reinstate a contract of insurance.

It is important that all information contained in the proposal form or provided to the Insurer is understood by the Applicant, and is true, correct, and complete, as the Applicant will be bound by the Applicant's answers, and by that information provided by the Applicant, and/or by the Applicant's behalf. The Applicant should obtain advice before the Applicant signs this declaration if the Applicant does not properly understand any part of it.

The Applicant's duty of disclosure continues until the time the contract of insurance is entered. If the Applicant fails to comply with the duty of disclosure, the Insurer may void the contract of insurance or cancel it and not pay any claim.

The Applicant acknowledges that any claim, or circumstance that might give rise to a claim, which may arise between today and the inception of the Policy:

- is not covered under the proposed contract of insurance, and
- must be immediately notified to the Insurer as a material fact. A material fact is one that will influence the Insurer in assessing and accepting the risk.

Privacy Statement

Insurance Company of North America (a Chubb Company) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/ph.

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing, or renewing an insurance policy with us or when we are processing a claim to help us properly administrate your insurance proposal, policy, or claim. Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g., in the case of a group insurance policy).

When information is provided to us via a third party, we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf. In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies, (such as the regional head offices of Chubb located in Singapore, UK or USA) or third parties with whom we, or those other Chubb Group entities, have sub-contracted to provide a specific service for us and these may be outside of the Philippines. Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided

and in accordance with our obligations to you under the Data Privacy Act of 2012

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to us. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organization with insurance or to respond to any claim.

Signed, Principal / Partner / Director

Name of Signatory

Date

Contact Us

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