

VETERINARY MEDICAL MALPRACTICE

1. Full name of the Proposer _____

Date of Birth _____

2. Trading Name (if different from the above) _____

3. Have you ever engaged in a similar activity under a different name? Yes No

If yes, please give full details _____

4. (i) Address

Street _____

Town _____

County/State _____

Postal Code _____ Country _____

Telephone _____ Fax _____

(ii) Trading Address (if different from above)

Street _____

Town _____

County/State _____

Postal Code _____ Country _____

Telephone _____ Fax _____

5. (i) Where did you qualify? _____

(ii) In what year? _____

(iii) With what degree? _____

Please give details of any additional or post graduate qualifications

6. Please give full details of what animal records are kept, where & how they are stored and for how long they are retained:

7. (i) Please give an approximate percentage breakdown of your work between the following:
- a) Bloodstock _____
 - b) Livestock _____
 - c) Domestic Pets _____
 - d) Other (please specify) _____

(ii) Please estimate highest-value animal treated during the last twelve months

(iii) Do you board animals? If so, please give full details

(iv) Does your establishment have an operating theatre? Yes No

If yes, how many? _____

8. What is your total gross annual income EXCLUDING income from the sale of goods?

9. 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.

10. Please state the number of employees and give details of the capacity in which they practice

11. Has the Proposer or any employee involved in the treatment or case of animals, been the subject of or convicted of any criminal offence, professional disciplinary proceedings or inquiries? Yes No

If yes, please give full details _____

12. (i) Are you a member of any professional organization, or registered with any self-regulating body? Yes No

(ii) Has membership of such organization ever been suspended, withdrawn, amended or declined? Yes No

13. 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 _____

14. Have you ever been Insured for Medical Malpractice? Yes No

(i) The name of the Insurer _____

(ii) The Insurance period _____

(iii) The limits of liability provided _____

(iv) Has any application for this type of Insurance cover ever been

a) declined Yes No

b) cancelled Yes No

d) required special terms? Yes No

If yes, please give full details _____

15. List all claims made against The Proposer during the last 10 years. If non, please state "NONE"

Date of Incident	Date of Claim	Amount Claimed	Amount Paid	Amount O/S	Details including nature of the allegations & details of Claimant

16. List all circumstances/complaints, which may give rise to a claim being made against the Proposer. If none, please state "NONE"

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

Have all of the above been notified to and accepted by your previous Insurers or Defense Organization? Yes No

If no, please provide full details _____

I/We declare and warrant that after enquiry all the 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 the Insurers 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 Insurers upon acceptance by me/us of the Quotation afforded by Insurers.

NAME IN BLOCK CAPITALS _____

SIGNATURE _____ Dated _____

VETERINARY MEDICAL MALPRACTICE

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 will only respond to "Claims" made against the Establishment and notified to Insurers during the period of insurance.

1. This proposal must be typed, or completed in ink and signed and dated by the 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.
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 details to any answers please attach further information on signed and dated sheets wherever possible following the same format and paragraph number.
5. 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 judgement and acceptance of your Proposal.
6. Upon acceptance of Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with these guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.
7. Copies of the Proposal Forms should be retained for your own records.

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