



MEDICAL MALPRACTICE - DENTIST AND ORTHODONTIST PROPOSAL FORM

A - NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

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 which 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 us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Average Provision

The policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.

Important Note:

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick (X) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

B- DETAILS OF APPLICANT

1. Full name of all entities to be insured (including service, administrative or nominee companies and **subsidiaries** that you wish to be covered by this policy):
 (Hereinafter the applicant will be referred to as "You" or "Your")

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2. Your address:

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3. Address(es) of branch offices or other locations:

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4. Date on which the Practice was established: ____ / ____ / ____

5. Please supply the following details:

Name of all Partners/ Principals/ Directors	Age	Qualifications	Year qualified	Certificate of Profession	
				Certificate no.	Issuing date

6. Please provide total numbers of employees in each of the following classifications:

- | | |
|---|--|
| (a) Partners/ Principals/ Directors | (f) Non-technical administrative staff |
| (b) Qualified Staff | (g) Clerical staff |
| (c) Other technical staff | (h) Other staff (please specify) |
| (d) Trainee staff | TOTAL |

C- DETAILS OF PRACTICE

1. Please provide the approximate percentage of income you earn from each of the following services:

- | | | |
|------------------------------------|-------|---|
| (a) Orthodontics | _____ | % |
| (b) Periodontics | _____ | % |
| (c) Paediatric Dentistry | _____ | % |
| (d) Prosthodontics | _____ | % |
| (e) Endodontics | _____ | % |
| (f) Oral and maxillofacial surgery | _____ | % |
| (g) Others (please specify) | _____ | % |

TOTAL

100 %

2. Please list the professional bodies or associations You belong to:

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3. Do you engage consultants, sub-consultants or agents? Yes No

If Yes:

(a) do you insist they carry their own Medical Malpractice Insurance? Yes No

(b) do you enter into any hold-harmless agreement or otherwise waive any legal rights or entitlements which you may have against such consultants, sub consultants or agents? Yes No

4. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? Yes No

If Yes, please supply details

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5. Do you perform work outside of Vietnam, or provide service for patients domiciled overseas? Yes No

If Yes, please supply details.

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6. Do you want all Dentist/Orthodontist working at your premises to be covered under this Policy? Yes No

If Yes, please supply List of Dentist/ Orthodontist in your letterhead listing their qualifications and attach to this proposal form.

D- FINANCIAL DETAILS

1. Please advise the date of your financial year end: _____/_____/_____

2. Please provide the amount of gross income/fees for the following

	Vietnam	Overseas
(a) current financial year (estimate)	VND	VND
(b) last financial year	VND	VND
(c) previous financial year	VND	VND

3. Please provide us the number of dental chair under operation

4. Please provide us the number of dental operation theatre

E- CLAIMS DETAILS

1. Have you or any Partner, Principal, Director, Dentist, Orthodontist or staff ever been subject to disciplinary proceedings or professional misconduct? Yes No

If Yes , please supply details.

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2. Has any claim or **matter been notified against any** Partner, Principal, Director, Dentist, Orthodontist or staff for malpractice, negligence or breach of professional duty been made in the last ten (10) years against your Practice or any of its predecessors in business or any prior practice of any of your present or former Partner, Principal, Director, Dentist, Orthodontist or staff, or have

circumstances been notified to insurers that might give rise to a claim? Yes No
 If Yes, please supply the following details.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description of Mater	Amount paid or estimate of Potential Liability	Update the current situation of the matter (Finalised or Outstanding)

3. Are there any circumstances not already notified to Insurers which may give rise to a claim against you? Yes No
 If Yes, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of Potential Liability

F- DETAILS OF INSURANCE COVER

1. Do you presently carry, or have you ever carried Medical Malpractice Insurance? Yes No
 If Yes, please supply details.

Insurer:
 Expiry Date:
 Limit of Indemnity:
 Deductible/ Excess:

2. Has the Practice ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No
 No
 If Yes, please supply details.

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G- RISK MANAGEMENT

1. Do you have and follow documented risk management and quality control procedures Yes No

2. Are these risk management procedures regularly reviewed and updated to the appropriate standards applying to your industry? Yes No

3. Are all appropriate staff members familiar with these procedures and/or standards? Yes No

4. Do you and your staff attend regular continuing education programmes that are by your Professional Association or industry bodies or groups? Yes No

Please provide a separate written comment to explain why a No answer was provided.

5. What procedures do you have for the reporting of medical incidents? Please provide full details.

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H- APPLICATION FOR COVER

- 1. Limit of indemnity required:
- 2. Deductible/Excess requested: (each and every claim)
- 3. Extensions:

Automatic Extensions

- ✓ Libel and slander Automatically Included
- ✓ Loss of documents Automatically Included
- ✓ Coroner’s enquiries Automatically Included
- ✓ Emergency first aid Automatically Included
- ✓ Students Automatically Included
- ✓ Newly created or acquired entity or subsidiary Automatically Included
- ✓ Run-off cover insured entity or subsidiary Automatically Included
- ✓ Estates and legal representatives Automatically Included

DECLARATION

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:

- 1. I am / We are authorised by each of the other Applicants to make this Proposal.
- 2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
- 3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
- 4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform us of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy.

Name of Applicant:.....

Signed: Partner, Principal or Director:

Date:..... / /

Please enclose with this Proposal:

- (a) The copy of your licence***
- (b) List of insured Dentist/Orthodontist working at your premise***