



Medical Malpractice / Professional Indemnity Proposal Form
Clinical, Educational, Neurological & Industrial Psychologists, Psychotherapists & Psychometrists

Name of Insured: _____

Are you fully Qualified or a student / intern? Yes Fully Qualified No still a student/Intern

Year Qualified: _____ Qualification: _____ University attended: _____

Any Post-Graduate Qualifications: _____

Are you a SIOPSA Member? Yes No (If yes, please provide proof of current membership)

What field of Psychology do you specialize in? _____

Has there ever been any conditions to, or revocation of, your membership? Yes No

Are you a registered practitioner in terms of HPCSA legislative requirements? Yes No (Number _____)

Postal Address _____

Telephone Numbers Business _____ Cell _____

Email Address _____

Limit of Indemnity required: R2,500,000 R5,000,000 R10,000,000

Are You in private practice: Yes No Are you employed by the Government: Yes No

Sole Practitioner? Yes No Partnership Yes No

Current Employers (Practice name/Province): _____

Do you practice at more than one address? _____

List other addresses: _____

Indicate your approximate annual turnover derived from:

Private Practice _____ and State Practice: _____

Have you had previous Medical Malpractice / Professional Indemnity Insurance? Yes No

Name of Previous Insurer: _____

The Insurance Period: _____

The Limits of Indemnity: _____

Has any application for this insurance ever been declined?: Yes No

Have you ever had this insurance cancelled by the insurer?: Yes No

Have you ever required special terms on this kind of insurance?: Yes No

If yes to any of above please give details:

Have you had any claims made against you, for the insurance now proposed in the past ten (5) years?

Yes No

If 'Yes' please provide details:

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

Have you any circumstance / complaints which may give rise to a claim being made against you?

Yes No

If "Yes" please provide details:

Date of Circumstance / Complaint	Details including nature of the complaint and details of the complainant

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Have all claims and circumstances / complaints been notified to your previous insurers? Yes No

Have all claims and circumstances / complaints been accepted to your previous insurers? Yes No

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify Accu-Prof of such changes as soon as reasonably possible.

Name of Applicant: _____ Date: _____

Signature of Applicant: _____