



PROPOSAL FORM

Midwives / Nursing staff performing midwifery services

PLEASE READ BEFORE COMPLETING THIS DOCUMENT

This is a proposal for a claims made policy

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period.

The policy will NOT provide cover for:

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

Documents required:

- Completed, signed and dated proposal form
- Copy of ID
- CV and copy of all qualifications
- Proof of CPD Activity for the past three years
- SANC Registration
- Copy of all consent forms used in practice
- Copy of all admission forms used in practice
- Copy of treatment plan used in pregnancy
- Protocols and procedures in respect of foetal scans
- Copy of protocol in place in respect of high-risk pregnancies, multiple births
- Copy of protocol and procedures in respect of emergencies
- Copy / Example of records used in practice during antenatal care, during labour and post labour
- Proof of previous insurance (if moving from another insurer)
- Claims Information (if applicable)

The Proposal form comprises of:

Section One Applicant Details

Section Two Scope of Clinical Practice

Section Three Risk Management and Arrangement between Midwife and Obstetrician / Gynaecologist

Section Four Declaration

Every question on the proposal form is relevant to your risk, so please do not leave any blank, if it doesn't apply please state "N/A". If there is any part of this document you do not understand, please contact your broker before you sign and submit it. You are bound to the information you have provided with this submission.

5. Confidential Professional Information / Claims

Have you ever been denied admitting rights or access to provide private midwifery services for which you have applied?

Yes

No

If YES, please provide full details on a separate page

Have you ever had your admitting rights or access to provide private midwifery services reduced, suspended or revoked for any reason?

Yes

No

If YES, please provide full details on a separate page

Have you ever voluntarily relinquished part or all your admitting rights or access to provide private midwifery services to avoid modification, suspension or termination of admitting rights or access to provide private midwifery services?

Yes

No

If YES, please provide full details on a separate page

Have any claims / incidents / circumstances for malpractice been made against you during the past five years?

Yes

No

If YES, please provide full details on a separate page

Have you had any civil or criminal actions against you, where there was a finding of liability or guilt with respect to your clinical practice?

Yes

No

If YES, please provide full on a separate page

Has a criminal claim of any nature ever been made against you?

Yes

No

If YES, please provide full on a separate page

Has any application for insurance of this nature ever been declined, cancelled or has renewal been refused or have special terms been imposed?

Yes

No

If YES, please provide full on a separate page

Have you ever been investigated, or are currently under investigation by the SANC or relevant professional regulatory body overseas?

Yes

No

If YES, please provide full on a separate page

Do you have any physical or mental condition or substance abuse problems that could affect your ability to safely and competently undertake the provision of midwifery care?

Yes

No

If YES, please attach full details

Does any person involved in the treatment and care of any patient/client suffer from any disability, transmittable diseases i.e. Hepatitis, HIV etc. or any other impediments which may affect the performance of his/her professional duties or place any patients/clients at risk?

Yes

No

If YES, please attach full details

Is there any additional information that may have significance, when we assess your individual risk, for example full time Hospital employment, academic involvement, registrar, part time private practice, etc.

SECTION TWO – SCOPE OF CLINICAL PRACTICE

6. Revenue / Fees (Gross) (Inclusive of VAT)					
YEAR	Ante Natal Consultations	Delivery / Labour	Home Births	Post Natal Care	TOTAL
Current Year (Estimated)	R	R	R	R	R
Immediate Past Financial Year (Actual)	R	R	R	R	R
Previous Financial Year	R	R	R	R	R

7. Patients and Deliveries	
In the last 12 months, how many patients have you consulted with (actual)	
Expected number of consultants in the next 12 months	
<p>Do you conduct any high-risk birthing (e.g. high gestational weight, breach vaginal delivery, Multiples etc.)? If YES, please furnish full details</p>	

8. Number of Deliveries							
YEAR	STATUS	VAGINAL	VBAC	C SECTION (EMERGENCY)	HOME BIRTHS	HIGH RISK BIRTHS	TOTAL
Last 12 months (Actual)	Live						
	Still						
Next 12 months (Estimated)	Live						
	Still						

Are any water births undertaken ?

If home births which involves water birth, is the pool provided by midwife ? If yes. Is the pool fully sterilised at all times prior to use?

Is continuous electronic foetal heart monitoring on all patients during active labour?

Yes

No

9. Scope of Practice			
Midwifery Care	AN classes on site	Yes	No
Antenatal	AN visits on site	Yes	No
	Cardiotocograph monitoring and interpretation (<i>current evidence to be attached</i>)	Yes	No
	Maternal resuscitation	Yes	No
	Ultrasound to determine position of baby	Yes	No
Intrapartum	Normal vaginal birth	Yes	No
	Breech vaginal birth for other than unidentified breech	Yes	No
	Vaginal birth after caesarean section	Yes	No
	Home births	Yes	No
Postnatal	Perineal suturing for first degree tears and second degree	Yes	No
	Neonatal resuscitation	Yes	No
	Initial newborn assessment	Yes	No
Other			
Exclusions			
	<i>Please list any services that you do not provide:</i>		

Pathology tests	Do you request any pathology tests? If yes, please advise all tests requested	Yes	No
Diagnostic imaging	Is any scans or sonars undertaken by yourself?	Yes	No
Prescribing of medications	Able to prescribe medications (Please provide proof of certification)		

SECTION THREE – RISK MANAGEMENT, ADMITTING RIGHTS AND ARRANGEMENT BETWEEN MIDIFE AND OBSTETRICIANS / GYNAECOLOGIST

10. Please provide full details of all intuitions that you have admitting privileges

11. Please detail full procedures in place in respect of first consultation with patient (if this is documented please provide copy to Insurers which includes treatment plan during pregnancy)

**12. What prenatal tests are required for the patient to undertake during the pregnancy?
Please provide full details i.e. 20 weeks scan etc.**

**13. When do you insist a patient to undertake checkups with an Obstetrician / Gynaecologist?
Please detail procedures and protocols, If documented please provide copy to Insurers**

14. What is the protocol in place in respect of treatment of high-risk pregnancies?

**15. Please provide details of whom is noted as OBGYN Support in respect of emergency deliveries
or emergency assistance during birth/ labour**

- a) Details to include name, practice number and contact number
- b) Details to include how far the Obstetrician / Gynaecologist is from institution
- c) If home birthing, what is your emergency protocol in place

16. Support Services

What are protocols or procedures in place, in the case of emergencies in relation to the newborn?

Is a pediatrician required to check the newborn after delivery?

What protocol in place if newborn is required to be treated in NICU?

In case of home births – please provide detailed protocol of all equipment used as well as emergency protocol

What arrangements are in place to assist during your temporary absence due to leave, sickness or unforeseen circumstances?

17. Disposal of Medical Waste

Are there facilities for safe collection, storage and disposal of (in accordance with current guidelines/legislation)

a. Sharps	Yes	No
b. Dressings, clinical and surgical waste, etc.	Yes	No

Do you ensure that the following are safely disposed of (in accordance with current guidelines/legislation)

a. Blood and blood products	Yes	No
b. All other waste	Yes	No

18. Medical Records		
Are accurate and descriptive records if all medical services and procedures kept	Yes	No
How are medical records stored, where and for how long?		

Limit of Indemnity required (Please choose)	
Limit of Indemnity: R 2 500 000 in the annual aggregate	
Limit of Indemnity: R 5 000 000 in the annual aggregate	
Limit of Indemnity: R 10 000 000 in the annual aggregate	
Limit of Indemnity: R 10 000 000 + 1 Aggregate Reinstatement	

SECTION FOUR: DECLARATION

This proposal form is issued and processed by **Accu-Prof Brokers**. **Accu-Prof** is an authorized financial service provider, registered with the Financial Sector Conduct Authority (**FSCA**) [**FSP nr. 32066**]. All claims have to be submitted to **Accu-Prof** immediately upon learning thereof. For more information on **Accu-Prof** please visit www.accuprof.co.za or phone 012-345 5015. In exchange for brokering services **Accu-Prof** receives commission from the Insurer. The exact is disclosed in the master **Policy Wording** and is available on request.

You have not received individual advice on this product and if there is anything in the application form or about the product that you do not understand, you should contact **Accu-Prof** to assist you. Advice provided by any party or person other than an accredited **Accu-Prof** representative may not be relied on and **Accu-Prof** does not accept responsibility for advice provided by an unregistered person. You have to ensure that you understand the form, that you complete it correctly and not withhold any information as this may lead to repudiation of claims. You also have to ensure that the product applies to you and that you need it. You should make certain that you can afford the premiums. You will be issued with a certificate of insurance, which you must study and keep in a safe place.

I declare that I am the person named in this application and that, to the best of my knowledge, information and belief, the statements contained in this application and the attached supporting documents are true.

I understand that any incorrect statement in this application and the attached supporting documents including (but not restricted to) my qualifications, experience, scope of practice, ability, physical or mental health or personal integrity, may result in refusal of a cover.

You are bound to the information you have provided with this submission. Completion of the form, however, does not bind you or Insurers to complete the insurance transaction. **The contract of insurance can only be finalized once we are in receipt of the fully completed and signed proposal form together with acceptance of quotation and payment.** Any new additional entity being formed, or any material changes made to the business which could impact the cover provided must be advised to insurers as cover will not automatically be granted.

Name of Proposer [print]:
.....

Signature of the Proposer:
.....

Date:

The Privacy of your Personal Information

We care about the privacy, security and online safety of your personal information and we take our responsibility to protect this information very seriously. Below is a summary of how we deal with your personal information. For a more detailed explanation, please read our official Privacy Notice on our website.

- **Processing your personal information:** We have to collect and process some of your personal information in order to provide you with our products and services, and also as required by insurance, tax and other legislation.
- **Sharing your personal information:** We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to assess claims, prevent fraud and to conduct surveys.
- **Protecting your personal information:** We take every reasonable precaution to protect your personal information (including information about your activities) from theft, unauthorised access and disruption of services.
- **Receiving marketing from us:** Please contact us if you want to change your marketing preferences. Remember that even if you choose not to receive marketing from us, we will still send you communications about this product.