

Chubb Elite Medical Malpractice Insurance

OFFICERS LIABILITY INSURANCE

Proposal Form

For Medical Establishment

CHUBB®

Important Notices to the Applicants

Your Duty of Disclosure

You have the duty to disclose to Chubb Insurance Malaysia Berhad (“Chubb”, “Us”, “We” or “Our”) any matter that:

- (a) You know to be relevant to Our decision on whether to accept the risk or not and the rates and terms to be applied; or
- (b) a reasonable person in the circumstances could be expected to know to be relevant.

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

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

Your duty of disclosure continues after the application has been completed up until the contract of insurance is entered into, varied or renewed.

Non-Disclosure:

If you fail to comply with your duty of disclosure, We may have the option of avoiding the contract of insurance from its beginning.

If your non-disclosure is fraudulent, We may also have the right to keep the premium that you have paid.

Change of Risk or Circumstances:

You should advise Us as soon as practicable of any change to your normal business as disclosed in this application, such as changes in business activities, 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, Chubb will not cover you, to the extent permitted by law, for such loss or damage.

Instructions to the Applicant

- A. This form is intended for health facilities. These include hospitals, clinics, outpatient care centres and specialised care.
- 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 business, use the projected figures from your business plan.

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	To	
Limit of Liability Required	Option 1 MYR	Option 2 MYR	
Excess/Deductible Requested	Option 1 MYR	Option 2 MYR	
Type of Insurance Requested	Insurance	Reinsurance	
Are you requesting cover for Fraud & Dishonesty?		Yes	No
Are you requesting cover for Cyber and Privacy Infringement Liability?		Yes	No

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" 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? If YES, please attach details.	Yes	No
1.3	Please list your principal address.		

1.4 Please list the address(es) of your branch offices or other locations (if applicable).			
1.5 What is your website address?			
1.6	When was your practice entity established?	(day)	(month) (year)
1.7	Please indicate:		
Type of Facility		Nature of practice entity	
Private Hospital	Retirement Village	Joint Venture	
Public Hospital	Rehabilitation Centre	For profit	
Hospital - Other	Hospice	Not for profit	
Clinic	Laboratory	Limited Liability Company	
Group Practice	Pharmacy	Limited Partnership	

Nursing Home			
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1.8 Please indicate the number of personnel applicable below:

Classification	P/T	F/T	Classification	P/T	F/T
Principals, partners or director			X-ray technicians		
Doctors (including locum doctors)			Physiotherapists		
Surgeons			Midwives		
Interns			Healthcare assistance / health workers		
Registered Nurse			Other registered professionals		
Enrolled nurses			Other skilled & technical employees		
Pharmacists			Non-technical administrative staff		
Laboratory technicians			Other staff (please specify)		
Dentist			Total		

1.9 What are 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 ?

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2. Details of Business

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

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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 firm 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? If YES, when was this achieved and for which activities?	Yes	No

2.5	What is the total number of beds:	
2.6	What is the average annual occupancy rate of beds:	
2.7	What is the total number of bassinets:	
2.8	What is the average annual occupancy rate bassinets:	
2.9	What is the total number of patients annually:	(i) Outpatients
		(ii) Inpatients

2.10 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

Helipad Liability

2.11	Do you own or operate a heliport or helipad? please disregard the remaining questions in this section.	If NO, Yes	No
a)	Number of annual landings:		
b)	Where are the heliports/helipads located?	Lawn Roof Carpark	
		Other (Please specify)	
(c)	Is the helicopter landing pad approved by the governing aviation authority?	Yes	No
(d)	Is the medical team comprised of certified and experienced retrieval medicine physicians and registered nurses with critical care and emergency nursing experience? If NO, please provide details on a separate sheet.	Yes	No

2.12 What percentage of your activities are represented by each of the following 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	
In vitro fertilisation (IVF)		Traditional medicine	
Obstetrics/maternity		Other Please specify	
		Total	100%
2.13 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
2.14 Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business?	Yes		No

3. Details of Business

3.1 When does your Financial Year end?	(day)	(month)
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3.2 What is your total turnover or fee income for the:

	Year	Malaysia	Total
Coming year (est.)		MYR	MYR
Current year (est.)		MYR	MYR
Past year		MYR	MYR

3.3 Please indicate your patient demographic:						
Malaysia	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
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4. Risk Management

4.1	Do you keep accurate records and ensure all medical professionals hold valid licenses to practice in their respective specialisations issued by the relevant official authority in the country where your 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

5. Insurance History

5.1	Do you currently hold medical malpractice insurance? If YES, please provide details.	Yes	No
	Period of Insurance	Insurer	Policy Limit
			MYR
			MYR
			Excess
			MYR
			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? If YES, please provide details on a separate sheet, noting the Section number.	Yes	No

6. Cyber and Privacy Infringement Liability

(Only complete this section if you request cover for Cyber and Privacy Infringement Liability Extension)

6.1	Do you have a formal policy to segment sensitive data?	Yes	No
6.2	Do you encrypt sensitive personal data [including Protected Information (PHI) and Electronic Medical Record (EMR)] anywhere that is stored, transmitted and/or on mobile devices?	Yes	No
6.3	Do you currently carry or are you in the process of applying for D&O or Cyber/Privacy Coverage?	Yes	No
6.4	Do you have a person dedicated for Information Security?	Yes	No
6.5	Do you have a Written Information Security Program (WISP)?	Yes	No
6.6	Have you taken all necessary steps to ensure compliance with the Personal Data Protection Act 2010 and/or any similar law or regulation in any other jurisdiction which governs the collection, use, processing, handling, storage, disclosure or transfer of personal/sensitive data?	Yes	No

6.7	Have you undergone an Information Security Audit?	Yes	No
	If YES, what is the date?		
	If YES, is the result satisfactory? Please describe:		

7. Claims Experience

7.1	Have any claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be insured under this proposed contract of insurance?	Yes	No
7.2	Are any of the Principals, Partners, Directors or employees aware, after inquiry , and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance?	Yes	No
7.3	Have you, your predecessors in business, or any current or former Principals, Partners, Directors, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?	Yes	No
<p>If you had answered Yes to any of the questions in this section, please provide full details and the status of each claim, lawsuits, allegation or matter, including</p> <ul style="list-style-type: none"> • the date of the claim, suit or allegation • the date you notified your previous insurers • the name of the claimant(s) and the establishment(s) • the allegations made against you • the amount claimed by the claimant(s) • whether the status is outstanding or finalised • the amounts paid for claims and defence costs to date 			

Additional Information to Send with Your Application

Attach a copy of the following:	Included?	
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services	Yes	No
Standard contracts or service agreements with clients or patients	Yes	No
Resumes or CVs of all your Principals, Partners or Directors	Yes	No
For new business only , your business plan with projections of business	Yes	No

Declaration & Signature

- We have read and understood the Important Notices contained in this application.
- We agree that this proposal, together with any other information or documents supplied, will form the basis of any contract of insurance.
- We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Chubb.

- We declare, **after inquiry**, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform Chubb of any material alteration to those facts before completion of the contract of insurance.
- We understand that Chubb needs to deal with our personal data to administer our Policy and offer us insurance products and services. To achieve these purposes, We allow Chubb to collect, use and disclose our personal data to selected third parties in or outside Malaysia, in accordance with Chubb's Personal Data Protection Notice, which is found in Chubb website at <http://www.chubb.com/my-privacy>. We may contact Chubb for access to or correction of our personal data, or for any other queries or complaints. / *Kami faham bahawa Chubb perlu berurusan dengan data peribadi kami untuk mentadbir Polisi kami dan menawarkan kami produk dan perkhidmatan insurans. Untuk mencapai tujuan-tujuan ini, kami membenarkan Chubb untuk mengumpul, mengguna dan memberi data peribadi kami kepada pihak ketiga terpilih yang terletak di dalam atau di luar Malaysia, selaras dengan Notis Perlindungan Data Peribadi Chubb, yang terdapat dalam laman web Chubb di <http://www.chubb.com/my-privacy>. Kami boleh menghubungi Chubb untuk mendapatkan atau membetulkan data peribadi kami, atau untuk sebarang pertanyaan atau aduan.*

This form **must** be reviewed, signed and dated by a duly authorised Principal, Partner or Director. The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

Signature:	Title of signatory:
	Date:

About Chubb in Malaysia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London and other locations, and employs approximately 31,000 people worldwide.

Chubb's operation in Malaysia (Chubb Insurance Malaysia Berhad) provides a comprehensive range of general insurance solutions for large corporates, small and medium-sized businesses, as well as individuals through a multitude of distribution channels. With a strong underwriting culture, the company offers responsive service and market leadership built on financial strength. Chubb in Malaysia has a network of 23 branches and more than 2,500 agents.

Contact Us

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