



**THE ORIENTAL INSURANCE COMPANY LIMITED**  
MUMBAI CITY DIVISIONAL OFFICE NO. 22, Oriental Building, 3<sup>rd</sup> Flr. Above lic of India, Flora Fountain, Mumbai 400001.  
Redg & Head Office: A-25/27, Asaf Ali Road, New Delhi 110 002.

**PROPOSAL FORM FOR MEDICAL ESTABLISHMENTS  
ERRORS & OMISSIONS INSURANCE FOR MEMBER'S OF AMC**



AGENT: - \_\_\_\_\_

1	<b>Doctor Name</b>					
	<b>Hospital Name</b>					
	<b>Address</b> <b>E-mail ID:-</b> <b>Mob No:-</b>					
2	<b>Year in which Established</b>					
3	<b>Registration No. with Date of Registration</b>					
4	<b>Specialty (Mention Name of Medical Branch)</b>					
5	<b>AMC Membership Number</b>					
6	<b>Previous Policy No. &amp; Retroactive Date (Attach Policy Copy)</b>					
7	<b>Are the Doctors/Technicians Working for you. Duly Licensed in accordance with The Medical acts.</b>					
8	<b>Do you employ only qualified Nurses.</b>					
9	<b>State the No. of employees and Visiting doctors in each of the Following classifications:</b> 1. <b>General Physicians</b> 2. <b>Specialists including surgeons In different disciplines</b> a) <b>Eye/ENT</b> b) <b>Pathologists</b> c) <b>Cardiologists</b> d) <b>Radiologists</b> 3. <b>Plastic Surgeons</b> 4. <b>Dentists</b> 5. <b>Pharmacists</b> 6. <b>Technicians</b> 7. <b>Nurses</b> 8. <b>Trainees</b> 9. <b>Others (Please specify).</b>					
10	<b>Specify Facilities such as Dispensing, X-Ray, Radiation Therapy, Scanning, ECG, Sonography, MRI etc.</b>					
11	<b>No. of Beds including Bassinettes Maintained by you.</b>					
12	<b>No. of fully Equipped Operation Theatres.</b>					
13	<b>Particulars regarding In-patients Treated</b>	<table border="1"><thead><tr><th><b>Proposed Yr. (Estimated)</b></th><th><b>Immediately Preceding Yr. (Actual)</b></th></tr></thead><tbody><tr><td></td><td></td></tr></tbody></table>	<b>Proposed Yr. (Estimated)</b>	<b>Immediately Preceding Yr. (Actual)</b>		
<b>Proposed Yr. (Estimated)</b>	<b>Immediately Preceding Yr. (Actual)</b>					

14	<b>Particulars regarding out –patients Treated</b>	<b>Proposed Yr. (Estimated)</b>	<b>Immediately Preceding Yr. (Actual)</b>
15	<b>Details of radioactive treatment Facility</b>		
16	<b>Whether the food is supplied to The patients</b>		
17	<b>Any claims made upon you Or Likely Legal Proceedings In respect of your treatment.</b>		
18	<b>Limits of Indemnity</b>		
19	<b>Period of Insurance : From</b>	<b>To</b>	

**SPECIAL FEATURES & TERMS & CONDITIONS OF AMC'S UNIQUE GROUP PROFESSIONAL INDEMNITY POLICY WITH THE ORIENTAL INSURANCE CO. EXCLUSIVE TO AMC MEMBERS.**

- ❖ Single master policy is issued for the entire group & each doctor is issued a certificate of insurance by the Insurance company.
- ❖ Complaints before MMC, NHRC, Competition Commission of India (CCI) covered under the policy (No other existing indemnity policy covers them)
- ❖ Defence costs for criminal cases arising out of medical accidents, mishaps & operative deaths etc. covered (Not covered in any other policy).
- ❖ Provision for compromised settlement in appropriate cases as determined by Medico Legal Cell.
- ❖ Cashless service for payment to advocate as per schedule of fees (this schedule is higher by about 200% as compared to normal schedule) as far as possible.
- ❖ Cosmetic procedures & surgery covered at an extra premium.
- ❖ Travel expenses for attending national commission for evidence etc. covered.
- ❖ Intimation of claim to be given to AMC as per prescribed proforma within 15 days of receipt of any notice
- ❖ Advocate to be appointed exclusively by Medico Legal Cell of AMC from AMC panel & authorization letter given to Advocate / Doctor.

I have noted the special features, terms & conditions of AMC Group Professional Indemnity policy as detailed above & undertake to abide by the same so as to avail all benefits of the scheme. I understand that the above policy will be renewed subject to special features, terms & conditions.

**Approved by**

**Chairman / Convenor**

Signature of Doctor

**Date: \_\_\_ / \_\_\_ /20\_\_\_**

**Place: Mumbai**

**PAYMENT PARTICULARS: Paid by cheque No. \_\_\_\_\_ Dated \_\_\_\_\_ Premium Rs. \_\_\_\_\_ (If after renewal date, please add 25% otherwise retroactive date will not be given by Insurance company)**  
**CHEQUE IN FAVOUR OF:- "Association of Medical Consultant's Mumbai Medico Legal"**