PROPOSAL FORM

Individual Para-Veterinary Professionals

VetProtect

Medical Malpractice, Professional Indemnity & General Liability Proposal Form for Para-Veterinary Individuals

1. This proposal form has been compiled to provide the insurer with as much detail as possible with regard to evaluation of the Insurance requirements. Completion of this form does not bind the proposer or insurer to complete the insurance transaction.
2. To assist the insurer to accurately assess the liability for rating purposes, the proposer is requested to answer all the questions as provided for in the proposal.
3. Please answer ALL questions fully, replies such as "see your records", or "as previously advised" are not acceptable. If the space provided is insufficient, a separate sheet should be attached.
4. Please be specific and truthful in completing this Proposal Form. Omitting information or failure to disclose detailed information may lead to claim repudiation based on non-disclosure or submission of misleading or false information.

Part 1A – Please provide the following personal information

1. Full names _____

   Surname _____

   Identity number _____

   Cell number _____ Alternative number _____

   Email address _____

   Physical address _____

   _____ Post code _____

   Postal address _____

   _____ Post code _____

Part 1B – General Information – Should you be working under your registered business name

1. Name of Insured _____
   a) Registered Company/CC/Entity name _____
   b) Company Registration number _____
2. Current Trading Name _____
3. Previous Trading Name _____
4. South African Veterinary Council (SAVC) Registration no. for facility _____
5. Website address _____
6. VAT Registration number _____
7. Subsidiaries/Associate practices/Side clinics _____
8. Do you employ staff members that should be covered under this policy? Yes ☐ No ☐

Part 1C – Professional and General Insurance Information

1. Name and qualifications as registered with the South African Veterinary Council

   Name and surname _____

   Qualification/s _____

   Date Qualified _____

   SAVA/IVPD/SAAPRA membership number _____

   SAVC Registration number _____

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Phone: 0861 VETPRO (838 776)
Email: VetProtect@myownbroker.co.za

2. Have any complaints or claims for medical malpractice, professional indemnity or public liability cover ever been made against you? Yes ☐ No ☐

   If Yes, please provide details _____

3. Are there any circumstances you are aware of which would be covered under a policy for medical malpractice, professional indemnity or public liability that may result in any claims or a possible claim being made against you? Yes ☐ No ☐

4. Are you at present, or have you in the past been, insured for medical malpractice, professional indemnity and/or general liability? Yes ☐ No ☐

   If Yes, please provide full details _____

   a) Name of Insurers _____

   b) Indemnity Limit _____

      Excess structure _____

      Each and every claim _____

   c) Date of Expiry of coverage _____

   d) Does the Policy include "Retro Active" Cover? Yes ☐ No ☐

   e) Current annual premium incl. VAT R _____

5. For medical malpractice, professional indemnity or public liability insurance now being proposed, has any Insurer ever:

   a) declined a proposal or refused to renew a policy/cover you applied for? Yes ☐ No ☐

      If Yes, please provide full details _____

   b) required an increased premium or imposed special terms? Yes ☐ No ☐

      If Yes, please provide full details _____

   c) cancelled an insurance Yes ☐ No ☐

      If Yes, please provide full details _____

Part 2 – Additional Information

1. Have you ever practiced your profession outside the RSA/Namibia? Yes ☐ No ☐

Country	Years (from date to date)		
		to	
		to	
		to	

2. Are you duly licensed to practice in accordance with South African Law? Yes ☐ No ☐

   If No, please provide full details _____

3. Of what professional councils, associations or societies are you in good standing? Please provide name of the organisation and membership number.

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4. Please tick discipline(s) in which engaged

PLEASE NOTE: The below categories are exclusively for the Para-Veterinary Individual, Para-Veterinary One Person Practice or Para-Veterinary Locum (No person working with you will enjoy cover under this policy).

Category	Please tick discipline(s) in which engaged	State approximate % division of Practice based on income between:
Category A - Domestic and exotic pets (small animals) including pedigreed animals but excluding animals used for professional breeding.	☐	
Category B - (Multi-Person practice; will cover every person working in the practice) Domestic and exotic pets (small animals) including pedigreed animals but excluding animal used for professional breeding.	N/A	N/A
Category C - Commercial Livestock, Agriculture including commercial extensive farmers focused on livestock excluding stud farming. Excluding intensive farming. Equine (recreational) practice excluding stud and professional or race horse practices. Animals covered in Category A and B included.	☐	
Category D - Wildlife, Zoological, Aquaculture and Aquariums, Professional (competition) and/or Race Horse and Stud Farming, Commercial dog breeding or any stud animal. Intensive Farming (e.g. Feedlots, Poultry Farming, Piggeries, Fisheries, Rabbit Farming). Dairies larger than 30 head of cattle being in milk. Professional Breeders focused on stud livestock.	☐	

5. Are you engaged in any additional non-practice Para-Veterinary or Para-Veterinary related activities for which you receive payment (Examples include vetting at endurance races, locums at alternative practices, lecturing, consulting to companies or third parties or any other veterinary activities)? Yes ☐ No ☐

If Yes, please provide details _____

_____

_____

_____

6. Have you ever been convicted for an act committed in violation of any law or ordinance other than traffic offences? Yes ☐ No ☐

If Yes, please provide details _____

_____

7. Have you ever been the subject of investigative or disciplinary proceedings or reprimand by an employer or administrative body/council, employer or a professional association? Yes ☐ No ☐

If Yes, please provide details _____

_____

8. Quotation Required

Limit of Indemnity for Medical Malpractice and Professional Indemnity
R1 mil; R2 mil; R3 mil; R4 mil; R5 mil: R _____

Do you require **Retro (backdated) Cover?** Yes ☐ No ☐

If Yes, please state the years Years _____

Do you require **Reinstatement of the Limit?** Yes ☐ No ☐

(Reinstatement of the insured limit will reinstate the insured limit following a claim to the original limit after a claim/costs were paid.)

If Yes | 1 Reinstatement ☐ | or | 2 Reinstatements ☐ |

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9. What are the values and species of the most expensive animals you will be treating?

Specie	Value
	R
	R
	R
	R

10. Will you be doing any wildlife work? Yes ☐ No ☐

If YES please provide details of wildlife work experience.

Please provide details of wildlife vets you have worked with previously

Have you done any Post Graduate courses in wildlife? Yes ☐ No ☐

Please provide details.

What kind of wildlife work will you be doing?

11. Annual Salary (Professional Income) or Gross Fee Income

(This question must be completed accurately as these figures form part of the overall risk assessment)

The definition of professional income is as follows:

***Professional income** is derived from rendering a service where the professional knowledge, training and skill of the Para-Veterinary Professional is required and where such service can be rendered in isolation from dispensing any Para-Veterinary Professional or related product and a fee is legitimately charged for such service and where physical interaction with a client or patient is a pre-requisite for the veterinary professional to derive income (i.e. giving advice on which food to feed a new puppy will be considered a service if it forms part of a physical consultation and if the animal is physically examined). However, if an owner of an animal requests information at the time of purchasing any veterinary or related product and advice is given but not charged for or no physical interaction takes place between either Para-Veterinary Professional and client or Para-Veterinary Professional and animal, it would not be considered to be generating professional income.*

If you are a VAT vendor then the figures declared should be **VAT exclusive**.

a) Please provide Gross Annual Salary (Professional Income) or Gross Fee Income received during the past two years:

Year	Gross Annual Salary/Gross Fee Income
20	R
20	R

b) Please give the estimated fees for the coming 12 months:

Year	Gross Fees	Professional Income	Merchandising Income
20	R	R	R

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DECLARATION

I/We further confirm that the facility or facilities named in Part 1 is/are registered with the South Africa Veterinary Council (SAVC) and comply with the minimum standards as required by the SAVC and that at the present time I/we agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Name (duly authorised)

Designation

Y	Y	Y	Y	M	M	D	D

Signature

Date:

This product is underwritten by the Hollard Insurance Company FSP 17698 and administered by the exclusive broker; Leonie Delgado Platinum Portfolios cc FSP 32621

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PRIVACY

In accordance with the applicable laws, we may be required to 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 provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

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