

PROPOSAL FORM

Veterinarians and Veterinary Practices

VetProtect



Medical Malpractice, Professional Indemnity & General Liability Proposal Form for Individual Veterinarians and Locum Veterinarians

1. This proposal form has been compiled to provide the insurer with as much detail as possible with regard to evaluation of the
2. Insurance requirements. Completion of this form does not bind the proposer or insurer to complete the insurance transaction. 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 1 - GENERAL INFORMATION

Note: The proposer should provide details of any entity, clinic, facility or qualified Vet which/who is required to be insured by this policy

1. Name of Insured
a) Company Registration No.
b) Previous Registered Company/CC/Entity name
c) Previous Company Registration No
1.2 Current Trading Name
1.3 Previous Trading Name
1.4 Legal Entity
1.5 South African Veterinary Council (SAVC)
Registration number for **facility**
1.6 Website address
1.7 VAT Registration Number
1.8 Other Practices, Entities, Clinics, Facility and
Qualified Vets
1.9 Subsidiaries/Associate practices/Side clinics
1.10 Proprietor/Shareholder/Director/Member/Partner/Professional Associate details:

	Individual 1	Individual 2	Individual 3
First names			
Surname			
I.D. Number			
Capacity			
Shareholding %			
Shareholder since			
Home Address			
Home Tel			
Cell no			
E-mail			
SAVA Branch			
SAVA Group			
SAVA Number			
IVPD Membership Number			

	Individual 4	Individual 5	Individual 6
First names			
Surname			
I.D. Number			
Capacity			
Shareholding %			
Shareholder since			
Home Address			
Home Tel			
Cell no			
E-mail			
SAVA Branch			
SAVA Group			
SAVA Number			
IVPD Membership Number			

2. Date of commencement of practice

2.1 As currently constituted

2.2 As initially established

3. Contact details of practice/s

3.1 Principal Practice / Entity Name

3.2 Professional in charge

Physical Address		Postal address
Tel:		
Mobile:		
Email:		

Other Practice/s details

Physical Address		Postal address
Tel:		
Mobile:		
Email:		
Other Practice / Entity Name		
Professional in charge		

Please provide details of any other practices/entities on a separate page.

4. Names and qualifications of all staff required to register with the South African Veterinary Council (Professional Staff)

Name and Surname	Qualification/s	Date Qualified	How long in this Practice	SAVC Reg No:	SAVA/IVPD Membership No.

5. Have any claims for medical malpractice, professional indemnity or public liability cover ever been made against the: Proposed Practice (Insured) yes ☐ No ☐

If **YES**, please provide details

Partners/Directors/Associates/Assistants/Locums yes ☐ No ☐

If **YES**, please provide details

Support Staff (Nurses/Animal Health Technicians) yes ☐ No ☐

If **YES**, please provide details

Other Employees or staff members (please specify) yes ☐ No ☐

If **YES**, please provide details

6. Are any of the following, AFTER ENQUIRY, aware of any circumstances 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 them Proposed Practice (Insured) yes ☐ No ☐

If **YES**, please provide details

Partners/Directors/Associates/Assistants/Locums yes ☐ No ☐

If **YES**, please provide details

Support Staff (Nurses/Animal Health Technicians) yes ☐ No ☐

If **YES**, please provide details

Other Employees or staff members (please specify)

yes ☐ No ☐

If **YES**, please provide details

7. 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 details

a) Name of Insurers

b) Indemnity Limit

Excess structure:

Each and every claim

c) Date of Expiry of coverage

d) Does Policy include "Retro Active" Cover

e) Current annual premium incl. VAT per Vet

8. Please provide details of the last three practices you were employed at:

Practice Name	Period of employment:
1.	
2.	
3.	

9. Is medical malpractice, professional indemnity or public liability insurance to apply to any Principal who has left / retired / died

yes ☐ No ☐

If **YES**, please provide details

Name	Qualification/s	Date Qualified	How long in this Practice	When did he/she leave/ retire/die

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

a) Declined Proposal or renewal for this Practice or any Partner/Principal/ Staff member

yes ☐ No ☐

If **YES**, please provide details

b) Required an increased premium or imposed special terms

yes ☐ No ☐

If **YES**, please provide details

b) Cancelled an insurance

yes ☐ No ☐

If **YES**, please provide details

PART 2 - ADDITIONAL INFORMATION

1. Please split the number of staff members working in the practice per the following categories:

Details	Number	Specify
Veterinarians & Locums		
Professional support staff (e.g. nurses/animal health technicians)		
Non-professional support staff (e.g. kennel men/cleaners/stable hands or other (please specify)		
Other employees full time (e.g. receptionists/admin staff or other (please specify)		
Other employees part time (e.g. receptionists/admin staff or other (please specify)		

2. Have any of the parties, stated above, ever practiced their profession outside the RSA/Namibia yes ☐ No ☐

Country	Years (from date to date)		
		to	
		to	
		to	

3. Are all professional staff duly licensed to practise in accordance with South African Law yes ☐ No ☐

If **YES**, please provide details

4. Of what professional councils, associations or societies are practitioners members in good standing

5. State approximate % division of Practice based on income between:

Category	Please tick discipline(s) in which engaged	State approximate % division of Practice based on income between:
Category A - Professional Individual (One person practice) Domestic and exotic pets (small animals) including pedigreed animals but excluding animals used for professional breeding.	☐	%
Category B - Domestic General Practice (Multi-person practice) Domestic and exotic pets (small animals) including pedigreed animals but excluding animals used for professional breeding.	☐	%
Category C - Commercial General Practice 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. Excluding animals used for professional breeding.	☐	%
Category D - Commercial Specialised Practice and/or Specialist Veterinarians 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.	☐	%

6. Do you board animals other than hospitalised patients

yes ☐ No ☐

If **YES**, please provide details

7. Is any professional staff member engaged in any additional non-practice veterinary or veterinary related activities for which they 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

8. Have any of the professional staff 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

9. Have any of the Professional Staff ever been the subject of investigative or disciplinary proceedings or reprimanded by an administrative body/council, employer or a professional association

yes ☐ No ☐

If **YES**, please provide details

10. Quotation Required

(R1 mil; R 2 mil; R 3 mil; R4 mil; R5 mil; R7,5 mil R10 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 ☐

Do you require **Products Liability**

yes ☐ No ☐

(Product Liability insurance covers you for any liability resulting from a product you use or sell that isn't expressly excluded by the policy wording. It is crucial to have this insurance to cover the costs of proving your case or your innocence in court. A typical example is dog food that has been contaminated; under the Consumer Protection Act, the customer has the right to hold you accountable, and you must then file a claim against your supplier. This is expensive, and your policy will help you pay for it.)

If **YES**

R 75 000 ☐ R 150 000 ☐ R 200 000 ☐ R 250 000 ☐ R 300 000 ☐ R 350 000 ☐

R 400 000 ☐ R 450 000 ☐ R 500 000 ☐ R _____

11. Do any of your professional staff intend to stay on cover with any alternative insurance product or company if you decide to take cover under this insurance

yes ☐ No ☐

If **YES**, please provide details

12. What are the values and species of the most expensive animals you treat in your practice/s

13. Will you be doing any wildlife work?

yes ☐ No ☐

If **YES** please provide details of wildlife work experience.

Please provide details of other wildlife vets you have worked with previously.

Have you done any Post Graduate courses in wildlife. Please provide details.

What kind of wildlife work will you be doing

With regards to darting, how do you verify what the correct type and quantities of the drugs you will be administering are correct

14. Gross Fee Income

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

The definition of professional and merchandising income are as follows:

Professional income is derived from rendering a service where the professional knowledge, training and skill of the veterinarian is required and where such service can be rendered in isolation from dispensing any veterinary 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 veterinary professional and client or veterinary professional and animal, it would not be considered to be generating professional income.

Merchandising income is derived from selling any veterinary or related product or drug, or consumable or animal food or related product, or on-selling of a related veterinary service where the primary fee is generated from the physical entity and not the service which may be associated with such entity.

If your practice is a VAT vendor then the figures declared should be **VAT exclusive**.

a) Please give Gross Fees received during the past two years, split between Professional and Merchandising Income:

Year	Gross Fees	Professional Income	Merchandising Income
20	R	R	R
20	R	R	R

a) Please give the estimated fees for the coming 12 months.

Year	Gross Fees	Professional Income	Merchandising Income
20	R	R	R

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
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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.