# Aon SA Medical Malpractice Application Form for EPASSA Members

## **Claims Made:**

All medical malpractice & professional indemnity policies are underwritten on a "Claims made" basis. This means that:

- 1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against the insured. (In terms of the policy conditions you are obliged to notify insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim made under the policy which was in force at the time when the circumstance was first notified).
- 2. The cause of action giving rise to the claim must have taken place on or after the 'retroactive date' shown on the certificate of insurance.
- 3. If the policy has lapsed there will be no cover notwithstanding the fact that the policy may have been in force at the time when the cause of action arose giving rise to the claim. It is therefore important to renew the policy annually in this regard.

## **Retroactive Date:**

Claims first made against the insured arising from work performed on or after the retroactive date as it appears on the schedule of insurance will be indemnified in terms of the policy. This date is normally fixed as being the date on which the cover was first taken and would remain unaltered for the purposes of subsequent renewals. When cover is first taken, additional retroactive cover may be offered by insurers subject to certain conditions and premium loadings. Should you be uncertain about whether or not you require retroactive cover, please contact us so that we can assist you.

## **Vicarious Liability**

In South African law, employers are vicariously liable for the negligent actions and omissions of their employees committed in the course and scope of their employment.

## Non – Cancellable Annual Policy

The policy is an annual non-cancellable policy and will run for a period of 12 months from inception/ renewal.



# PERSONAL INFORMATION

1.	Full Name					
2.	Title  3. Gender					
4.	ID Number / Passport Number	ID Number / Passport Number				
5.	Incorporation details (if any)					
6.	Trading name (if different from the above	)				
7.	Please provide your VAT registration number					
8.	How long have you been in practice?					
9.	Practice Address					
10.	I0. Postal Address					
11.	E-mail	Telephone / Mobile Numb	per	Website if applicable		

# YOUR PROFESSIONAL SCOPE

	/ SACSSP / SANC / Other Re					
13. Practice Number if	Applicable					
14. Qualifications / Inc	luding any Additional Training	/ Fellowships				
Degree	Y	ear Obtained		Unive	ersity	
15. Are you a member body?	of any professional organisati	on or registered	with any self-regulating	Ye	2S	No
Body	Registration Nun	nber	Туре		Date Of Reg	istration

# YOUR PRACTICE

16. Please indicate which of the following you practice				
A sole Practice	A Partnership	An Employee	Locum	
State Employed (please specify If permanently employed or sessional)		Other		

# Aon Classification: CONFIDENTIAL (Restricted)

Sole Proprietor    Patnership      Incorporation    (Pty) Ltd      Other, please specify    Only State      18. Please indicate the number of annual consultations:    Only State      Only Private    Only State      Both State and private patients. (total must equal 100% of your work)    % of Private      19. Please indicate name of hospital(s) and/ or practice where you treat patients      Name of Hospital / Practice    Address      20. Do your partners carry their own malpractice insurance? If so, state with whom and provide the number of partners      21. Total number of employees and scope of practice; for example, 1 nurse, 1 receptionist      22. Total number of independent contractors working in the practice and their scope of practice; for example 1 locum doctor      23. Is it mandatory that all your patients sign consent for:    Yes      a. Consultations    Selectronic      24. What is the current system you capture patient notes?    Manual      25. Do you comply with the provisions of the Procedures/operations    Other:      26. Do you comply with the provisions of all medical services and procedures kept?    Yes      27. How are your patient records of all medical services and procedures kept?    Yes      28. How long do you creatin patients' medical records?    Yes    No      29. Do	17. Please confirm the constitution of your practice from the following:						
Other, please specify      18. Please indicate the number of annual consultations:      Only Private      Both State and private patients. (total must equal 100% of your work)    % of Private Patients    % of State Patients      19. Please indicate name of hospital(s) and/ or practice where you treat patients    % of Private Patients    % of State Patients      19. Please indicate name of hospital / Practice    Address	Sole Proprietor		Partnership				
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Only Private    Only State      Both State and private patients. (total must equal 100% of your work)    % of Private Patients    % of Private Patients      19. Please indicate name of hospital(s) and/ or practice where you treat patients       Name of Hospital / Practice    Address      20. Do your partners carry their own malpractice insurance? If so, state with whom and provide the number of partners      21. Total number of employees and scope of practice; for example, 1 nurse, 1 receptionist      22. Total number of independent contractors working in the practice and their scope of practice; for example 1 locum doctor      23. Is it mandatory that all your patients sign consent for: a. Consultations b. Surgical Procedures and/or theatre procedures/operations    Yes    No      24. What is the current system you capture patient notes?    Other:    Other:    No      25. Do you comply with the provisione of the Protection of Presonal Information Act (POPIA) regarding of patient/scome information?    Yes    No      26. Are accurate and descriptive records of all medical services and procedures kept?    Yes    No      27. How are your patient records secured?    Yes    No      28. How long do you cretain patients' medical records?    Yes    No      29. Do you comply with regulatory guidelines on the keeping of patient records?    Yes    No	Other, please specify	Other, please specify					
Both State and private patients. (total must equal 100% of your work)    % of Private Patients    % of Private Patients      19. Please indicate name of hospital(s) and/ or practice where you treat patients    Mame of Hospital / Practice    Address      19. Please indicate name of hospital / Practice    Address    Image: Construct of the second the second the second of the second the second the sec	18. Please indicate the number of annual co	onsultations:					
Patients    Patients      19. Please indicate name of hospital(s) and/ or practice where you treat patients      Name of Hospital / Practice    Address      Image: Indicate name of Hospital / Practice    Image: Indicate name of Hospital / Practice      Image: Indicate name of Hospital / Practice    Image: Indicate name of Hospital / Practice      Image: Indicate name of Hospital / Practice insurance? If so, state with whom and provide the number of partners    Image: Indicate name of partners      Image: Indicate name of independent contractors working in the practice and their scope of practice; for example 1 locum doctor    Image: Indicate name name of the practice not reactors for example 1 locum doctor      Image: Indicate name of independent contractors working in the practice and their scope of practice; for example 1 locum doctor    Image: Indicate name of Independent contractors working in the practice and their scope of practice; for example 1 locum doctor      Image: Indicate name of independent contractors working in the practice not reactors for example 1 locum doctor    Image: Indicate name of Independent contractors working in the practice not example 1 locum doctor      Imanual    Image: Indicate neores in t	Only Private	(	Only State				
Name of Hospital / Practice    Address      Address	Both State and private patients. (total must e	equal 100% of your work)					
20.    Do your partners carry their own malpractice insurance? If so, state with whom and provide the number of partners      20.    Do your partners carry their own malpractice insurance? If so, state with whom and provide the number of partners      21.    Total number of employees and scope of practice; for example, 1 nurse, 1 receptionist      22.    Total number of independent contractors working in the practice and their scope of practice; for example 1 locum doctor      23.    Is it mandatory that all your patients sign consent for:	19. Please indicate name of hospital(s) and/	/ or practice where you trea	at patients				
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23. Is it mandatory that all your patients sign consent for:    Yes    No      a. Consultations    Surgical Procedures and/or theatre procedures/operations    Yes    No      24. What is the current system you capture patient notes?    Manual    Electronic    Other:      25. Do you comply with the provisions of the Protection of Personal Information Act (POPIA) regarding the safeguarding of patient/customer information?    Yes    No      26. Are accurate and descriptive records of all medical services and procedures kept?    Yes    No      27. How are your patient records secured?    28.    How long do you retain patients' medical records?    Yes    No      28. How long do you retain patients' medical records?    29. Do you comply with regulatory guidelines on the keeping of patient records?    Yes    No    Unsure      30. Income    Gross Revenue    Last Financial Year    Previous Financial Year    Estimated forthcoming 12 months      Gross revenue from private practice    Image: State institutions    Image: State institutions    Image: State institutions    Image: State institutions	21. Total number of employees and scope c	of practice; for example, 1 r	nurse, 1 receptioni	st			
a. Consultations	22. Total number of independent contractors	s working in the practice ar	nd their scope of p	ractice; fo	or example 1 locu	ım doctor	
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regarding the safeguarding of patient/customer information?    Image: Safeguarding of patient/customer information?      26. Are accurate and descriptive records of all medical services and procedures kept?    Yes    No      27. How are your patient records secured?    Yes    No      28. How long do you retain patients' medical records?    Yes    No    Unsure      29. Do you comply with regulatory guidelines on the keeping of patient records?    Yes    No    Unsure      30. Income    Gross Revenue    Last Financial Year    Previous Financial Year    Estimated forthcoming 12 months      Gross revenue from private practice    Image: Second Se	Manual	Electronic			Other:		
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28. How long do you retain patients' medical records?      29. Do you comply with regulatory guidelines on the keeping of patient records?    Yes    No    Unsure      30. Income      Gross Revenue    Last Financial Year    Previous Financial Year    Estimated forthcoming 12 months      Gross revenue from private practice    Image: Comparison of the institution of the instinstitution of the institution of the institution of t			rocedures kept?		Yes	No	
29. Do you comply with regulatory guidelines on the keeping of patient records?    Yes    No    Unsure      30. Income    Gross Revenue    Last Financial Year    Previous Financial Year    Estimated forthcoming 12 months      Gross revenue from private practice    Gross revenue from state institutions    Image: Comparison of the keeping of patient records?    Image: Comparison of the keeping of patient records?    Image: Comparison of the keeping of patient records?	27. How are your patient records secured?						
30. Income    Last Financial Year    Previous Financial Year    Estimated forthcoming 12 months      Gross revenue from private practice    Gross revenue from state institutions    Gross revenue from state institutions    Gross revenue from state institutions	28. How long do you retain patients' medica	al records?					
Gross Revenue  Last Financial Year  Previous Financial Year  Estimated forthcoming 12 months    Gross revenue from private practice  Image: Comparison of the state institutions  Image: Comparison of the state institutions	29. Do you comply with regulatory guideline	29. Do you comply with regulatory guidelines on the keeping of patient records? Yes No Unsure					
Financial Year  months    Gross revenue from private practice	30. Income					·	
Gross revenue from state institutions		Last Financial Year		<b>′ear</b>		rthcoming 12	
	Gross revenue from private practice						
31. Please describe all your activities	Gross revenue from state institutions						
	31. Please describe all your activities						

32. Scope of practice (area of specialisation, including any sub-specialty)

33. Ac	ditional Proced	ures							
				Yes	No	In Private Practice	State Gover	/ mment	
Do you	conduct and/or p	articipate in clinical trials?							
If yes :	Description of t	ne type of clinical trial and	d drug used & a c	opy of you	ır workload	I (services prov	ided) for the	trial.	
Telehea	alth ( <mark>If yes refer to</mark>	o Addendum A)							
Other:									
34. Insu	rance History								
Have yo	ou or are you pre	sently Insured in respect of	Medical Malpraction	се		Ye	s N	C	
If Yes, p	please provide the	e following information							
	of Insurers:								
	Indemnity:								
	Premium								
35. Co	onfidential Profes	ssional Information / Clair	ns						
a.	Have any circu	mstances/incidents/compla	ints/ claims of prof	essional ne	gligence, e	rror or omission b	been made	Yes	No
	against the ent	ity or any of the present or	past Principals, wh	ether insur	ed or not, ir	the past 5 years	?		
		provide full details on a sep Description / Nature of alleg		ng Date of	claim /Total	value claimed, to	otal value		
b.		ur partners ever been inves		rently unde	r investigati	on by the HPCSA	A / relevant	Yes	No
	professional reg	gulatory body overseas / m	edical scheme?	-	-				
		provide full details on a sep							
C.		been the subject of an inqu arty like a hospital or medic		er, a non-re	egulatory pr	ofessional body		Yes	No
	If YES, please	provide full details on a sep	arate page						
d.	Have you ever	had conditions imposed on aint, inquiry or investigation	your practice, bee	n suspende	ed or remov	ed from the med	ical register	Yes	No
	If YES please	provide full details on a sep	arate nage						
e.		claim of any nature ever be		ou / your p	artners/ you	r entity?		Yes	No
	If YES please	provide full on a separate p	ade						
f.	Have you or yo	ur partners had any civil or ct to your clinical practice?		gainst you,	where there	was a finding of	liability or	Yes	No
	If YES, please	provide full details on a sep	arate page						
g.	Has any applica	ation for insurance of this na rms been imposed ?	ature ever been de	clined, can	celled or ha	is renewal been r	efused or	Yes	No
	If YES, please	provide full details on a sep	arate page						
h.	Have you ever	had any hospital privileges	restricted or suspe	ended, whe	ther volunta	rily or involuntari	ly?	Yes	No
		provide full details on a sep							
i.		ssional status or profession		d in the pas	t 12 months	?		Yes	No
		provide full details on a sep							<u>.</u>
j.		ny physical or mental condit petently undertake the prov		ibuse probl	ems that co	uld affect your at	pility to	Yes	No
	If YES, please	provide full details on a sep	oarate page						
k.	Is there any ad	ditional information that ma	ay have significanc	e when we	assess you	r individual risk?			

# 36. OPTIONAL ADDITIONAL COVERAGE OFFERING (Please indicate if you wish to have this cover included):

NEEDLESTICK COVER				
Plan 1	Benefit			
Accidental Death	R 70 000			
Permanent Total Disability	R 100 000			
Occupational HIV - Preventative Medical Treatment	Actual incurred up to R 10	000		
Occupational HIV – Capital Lumps sum benefit upon zero-conversion	R 25 000			
Annual Premium Per Individual	R 225.00			
Plan 2	Benefit			
Accidental Death	R 35 000	R 35 000		
Permanent Total Disability	R 50 000			
Occupational HIV - Preventative Medical Treatment	Actual incurred up to R 10 000			
Occupational HIV – Capital Lumps sum benefit upon zero-conversion	R 12 500			
Annual Premium Per Individual	R 120.00			
a. Can we include Needlestick Coverage?	Yes	No		
b. If Yes, please confirm which Plan?	Plan 1	Plan 2		

## ADDENDUM A:

## PLEASE READ BEFORE COMPLETING THIS SECTION

Please answer ALL questions completely.

Should any question or part thereof not be applicable, please state "N/A".

Should insufficient space be provided, please continue your company letterhead.

# If you provide services to international clients or online therapy, please respond to the questions raised below which need to be referred to the Insurer.

1. Do you do undertake online therapy/counselling?	Yes	No			
If yes, please select the indicative percentage below:		1	•		
Less than 15% 15% - 25%	25% - 50%	More than 50%			
2. Do you undertake online international work?	· · · · · · · · · · · · · · · · · · ·	Yes	No		
If yes what percentage?					
Less than 15% 15% - 25%	25% - 50%	More than 50%			
Which countries?					
Is your client domiciled in the abovementioned country/ countries	\$?				
3. Do you declare and appropriately limit the nature and extended one online?	t of your finding – given therapy is	Yes	No		
4. What means of online platforms are used?					
5. Are sessions provided in English only?		Yes	No		
What processes are instituted if there is a language barrier?					
6. Do you provide your patient with information pertaining to the consultation, including information Yes No about the nature and objectives of the services concerned?					
7. Do you obtain informed consent to record electronically or to transmit information electronically Yes No and do you inform the client of the risk of breach of privacy or confidentiality inherent in the electronic recording or transmission of information?					
8. How is consent obtained?					
9. Copy of consent forms to be provided – Please attach					
10. Do you provide any written reports to a consulting Practitioner in the country of the patient?      Yes      No					
11. Do you work independently or via an international Organisation – if the latter we will need what Yes No					
controls of supervision etc. are in place.					
12. Do you comply with the guidelines as set out by the HPCSA in respect of General Ethical Yes No Guidelines for Good Practice in Telemedicine?					

## All Medical Malpractice & Professional indemnity policies are underwritten on a "Claims-made" basis.

This means that:

- 1. In order for a claim to qualify for indemnity a policy must be in force when the claim is first made against the insured. (In terms of the policy conditions you are obliged to notify insurers as soon as you become aware of any circumstances which may lead to a claim. Any actual claim which then materialises would be deemed to be a claim made under the policy which was in force at the time when the circumstance was first notified).
- 2. The cause of action giving rise to the claim must have taken place on or after the 'retroactive date' shown on the certificate of insurance.
- 3. If the policy has lapsed there will be no cover notwithstanding the fact that the policy may have been in force at the time when the cause of action arose giving rise to the claim. It is therefore important to renew the policy annually in this regard.

Have you read and understood the explanation above regarding a claims made basis policy?

## OTHER AON SERVICES:

a.	<b>Commercial Insurance</b> : Can Aon commercial insurance division contact you to provide a quote for your commercial insurance?	Yes	No
b.	Personal Insurance: Can Aon contact you with regards to a group scheme or personal lines policy quote?	Yes	No
C.	<b>Directors &amp; Officers Liability</b> : In terms of the provisions of the new Companies Act the duties and responsibilities of directors & officers are very onerous. The Directors & Officers Liability insurance covers actions brought against the directors and prescribed officers alleging a negligent or wrongful act. This can be on a named or blanket basis and applies to past, present and future directors and officers of the company and its subsidiaries. Can Aon contact you with regard to a Directors & Officers Liability Policy?	Yes	No
d.	<b>Cyber liability</b> is a specialty insurance product intended to protect businesses from Internet-based risks, and more generally from risks relating to information technology infrastructure and activities	Yes	No

#### **Privacy Clause**

To provide you with insurance, we have to process 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 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 insurance application, you agree to the processing and sharing of your personal information.

### Declaration which must be signed by the proposer only

Important – It is necessary for you to inform us of all the facts that are likely to influence us in the acceptance or assessment of your indemnity. Failure to do so could invalidate this indemnity. If you are in doubt whether any fact may influence us, you should disclose it. I declare that to the best of my knowledge or belief, the statements and particulars given in this proposal are true and complete and that no

material facts that are likely to influence the acceptance and assessment of this proposal have been withheld (if you are in any doubt whether a fact is material, you should disclose it).

I agree to inform the Insurer of any change to any material fact. I also declare that if any information on this proposal has been written by another person on my behalf, that that person acted as my agent for that purpose. I agree that this proposal and declaration shall be the basis of the contract between myself and the Insurance Company that will accept the risk.

Name of Proposer [print]:	
Signature of the Proposer:	
Date:	

Disclaimer

The information contained here-in and the statements expressed should not be considered or construed as insurance broking advice and are of a general nature. The information is not intended to address the circumstances of any particular individual or entity. Accordingly, the information contained herein is provided with the understanding that Aon, its employees and related entities are not rendering insurance broking advice. As such, this should not be used as a substitute for consultation with an Aon Broker or Consultant. Although we endeavour to provide accurate and current information and we use sources we consider reliable, Aon does not warrant, represent or guarantee the accuracy, adequacy, completeness or fitness for any purpose of the information and can accept no liability for any loss incurred in any way by any person who may rely on it. You should not act on such information without appropriate professional advice afre a thorough examination of the particular situation. Aon reserves the right to change the content of this document at any time without prior notice. Descriptions, summaries or highlights of coverage do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy. This document has been compiled using information available to us at date of publication. For further information on capabilities and to learn how we empower results for clients, please visit: <u>www.aon.com @ 2021 M. Str. Nor. Sk</u> (Pt) Ut. All rights reserved.