MEDGULF ميدغلف

THE MEDITERRANEAN & GULF INSURANCE & REINSURANCE CO. S.A.L. شـركة المتوسـط والخليـج للتأمـين وإعـادة التأمـين ش.م.ل

Medical Malpractice Proposal Form

1. Applicant name _____

2. Speciality _____

3. Date of birth _____

4. Place of brith _____

5. Nationality _____

6. Address _____

Building _____ Floor _____ Street _____

City _____ Phone nb _____ Mobile nb _____

Email _____

7. Registration nb _____

8. College graduated from _____ Degree _____

9. Number of years of practice _____

10. Hospitals where you practice _____

11. Do you perform any surgical procedures outside hospital premises? _____

_____

12. Approximate number and type of surgical procedures performed the past 6 months _____

_____

13. Have you ever been insured against medical malpractice? If yes, kindly provide us with the details of the insurance company(s), and claims records _____

_____

14. Desired Plan:

Plan	Cover Limits/US$			
	150,000 ☐	200,000 ☐	250,000 ☐	300,000 ☐
	Annual Premium In/US$			
Accident and emergency, obstetrics and gynecology, cosmetic surgery cardiology, cardicsurgery, vascular surgery, neurosurgery, anesthesiology.	125 ☐	155 ☐	185 ☐	210 ☐
Orthopedics, intensive care, general surgery	120 ☐	145 ☐	175 ☐	200 ☐
Gastroenterology, urology, psychiatry, neurology, pediatrics.	115 ☐	140 ☐	165 ☐	190 ☐
Ophthalmology, nephrology , day hospital, general medicine, all other not included in a, b, c, d	110 ☐	135 ☐	160 ☐	180 ☐
Oncology, rehabilitation long term, geriatrics, and dermatology, hematology.	105 ☐	130 ☐	150 ☐	170 ☐

N.B: Every insured doctor with the company benefits from hospitalization insurance at a reduced rate of 15 % on malpractice medical insurance.

Period From / / To / /

Date _____ **Company** _____

Signature _____