C.M.P.I.

Caribbean Medical Practitioners Insurance

Application Form
Jamaica

IMPORTANT INFORMATION – PLEASE READ

This application is for a claims made policy underwritten by various Lloyds Syndicates.

This application form must be completed clearly using blue or black ink.

It is the duty of the applicant to disclose all material facts. A material fact is deemed to be one that would be likely to influence an underwriter's judgement and acceptance of the risk. Any misrepresentation of material fact may result in underwriters avoiding a claim or declaring your policy void without refund.

Once completed, please return this application to Paragon International Insurance Brokers.

Any changes to any of the information contained in the application form must be advised to your insurance broker as soon as practicable.

If you have any additional information which may be relevant to your application, please provide in Section 5, providing reference to the appropriate question, or attach the relevant documentation.

THE SIGNING OF THIS APPLICATION FORM DOES NOT BIND THE APPLICANT, OR UNDERWRITERS, TO COMPLETE A CONTRACT OF INSURANCE.

Section 1 – Basic Information

Title

Male Female

Surname

Forename(s)

Date of Birth

Postal Address

Postal Code

E-mail

Contact Tel.:

When would you like cover to begin? dd / mm / yyyy

Section 2 – Professional History

Are you registered with the Barbados Medical Council? Yes No

Are you a member of the MPS? Yes No

What is your current membership subscription? JMD

Section 2 – Professional History (continued)

If you are not a member of the MPS, please answer the following.

Who is your current insurer?

What is the Retroactive Date? dd / mm / yyyy

What is the expiring premium? JMD

What is your expiring limit of indemnity? JMD

What is your expiring excess? JMD

Section 3 – Practice Profile

In which area of medicine/dentistry do you practice?

Have any claims, or circumstances that may lead to a claim, for compensation been made against you?

Yes No

If Yes, please give full details using the additional space on the back page or alternatively please provide prior insurer loss run or case history.

Paragon International Insurance Brokers Ltd
140 Leadenhall Street
London, EC3V 4QT
UK

VIKAND Medical Services
305S Andrews Ave, Suite 603
Fort Lauderale, Florida 33301
USA

Paragon International Insurance Brokers Ltd is authorised and regulated by the Financial Conduct Authority

Section 3 – Practice Profile (continued)

Only with respect to your private practice, please can you confirm the following:

No. of days worked per month last year

Estimated no. of days worked per month for the coming year

No. of Consultations per month

No. of Non-Surgical Procedures per month

No. of Minor Procedures per month

No. of Major Procedures per month

Section 4 – Declaration

I declare and warrant that after enquiry all statements and particulars contained in this Application are true and that no information whatever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Application and should the above particulars alter in any way, I will advise my insurance broker as soon as practicable. I understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Application may result in the refusal to provide indemnity or voiding the policy in every respect. I hereby accept that this Declaration shall be the basis of the contract between both parties if entered into. By signing this document, I authorise my insurance broker and Paragon International Insurance Brokers Ltd to release information, if applicable.

Name of Applicant

Applicant's Signature

Date of Signature dd / mm / yyyy

Section 5 – Additional Information