

Application Form St Kitts and Nevis

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.

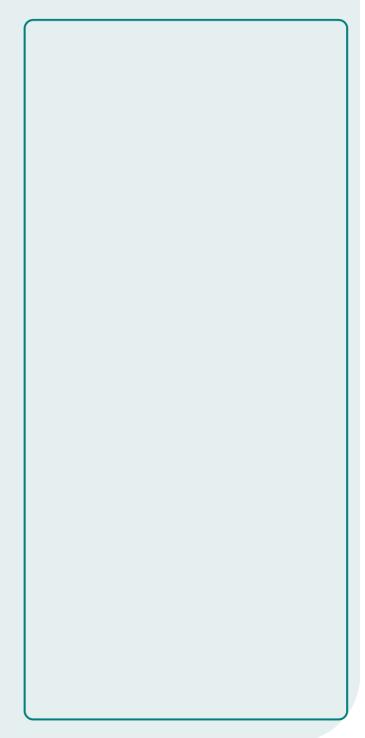
Section 1 – Basic Information	Section 2 – Professional History (continued)
Title	If you are not a member of the MPS, please answer the following.
Male Female	Who is your current insurer?
Surname	What is the Retroactive Date? dd / mm / yyyy
Forename(s)	What is the expiring premium?
Date of Birth	What is your expiring limit of USD
Postal Address	What is your expiring excess? USD
E-mail Postal Code	Section 3 – Practice Profile
Contact Tel.:	In which area of medicine/dentistry do you practice?
When would you like cover to begin? dd / mm / yyyy	
Section 2 – Professional History	
Are you registered with the Yes No	Have any claims, or circumstances that may lead to a claim, for compensation been made against you? Yes No
Are you a member of the MPS? 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
What is your current membership USD	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
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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 ye	ar	
Estimated no. of days worked per mo the coming year	nth for	
No. of Consultations per month		
No. of Non-Surgical Procedures per r	nonth	
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		

Section 5 - Additional Information



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