



Guinea Insurance Plc

...exceeding your expectations

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NHIS HEALTHCARE FACILITY/HMO PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

(Under Sec. 45 of NHIS Act 1999)

IMPORTANT NOTICE

Kindly complete this form carefully. Failure to disclose all facts likely to influence the assessment and the acceptance of this proposal could affect settlement of claims or invalidate your policy *ab initio*. If you are aware of any fact likely to influence the proposal, kindly disclose them in the space provided at the end of this proposal form.

If any answer has been written by any person(s) other than the Insured, such person(s) shall for that purpose be regarded as the agent(s) of the proposer and not the agent(s) of the Insurer.

(No Insurance is in force until the proposal has been accepted by the Company and the full Premium or a Deposit paid)

PARTICULARS

Name of Health Care Facility/HMO: _____

Postal Address: _____

Reg. No. State/ Regulatory Body: _____ Year of Incorporation: _____

NHIS No.: _____ Medical/Dental Reg. No.: _____

Mobile No.: _____ Phone No.: _____

Email: _____ Website Address: _____

Area of Specialisation/Category: _____ Years of Experience: _____

NUMBER OF PERMANENT STAFF

Number of Doctors: _____ Number of Nurses: _____ Number of Pharmacists: _____

Number of Lab. Scientists: _____ Others: _____ Number of Beds: _____

Number of Specialists: _____ Number of Consultants: _____ Number of Underwriters: _____

PROFESSIONAL PROFILE OF CHIEF MEDICAL DIRECTOR (CMD)

Name of Chief Medical Director: _____

Qualifications: _____

Date of Birth (DD/MM/YYYY): _____ Specialty: _____

Years of Continuous Practice: _____ I.D. Issue Date (DD/MM/YYYY): _____

Means of identification (Please tick as applicable):

National I.D. Card National Drivers' Licence International Passport Others (Check box & specify below)

Contact Information:

Full Address: _____

Home Address: _____

Hospital Address: _____

Does the CMD practice elsewhere? Please give details: _____

Membership of professional associations

Please tick membership status as appropriate

		MEMBERSHIP STATUS			
S/N	PROFESSIONAL BODY	MEMBER	FELLOW	ASSOCIATE	DATE

Have you ever held or do you hold a Professional Indemnity Insurance cover with another insurer? Yes No
 If "Yes" state the underwriter and for how long the policy was held

Do you practice outside Nigeria Yes No
 If "Yes" give details below

Have you or any staff of the Centre/Institution ever faced a Disciplinary Committee for professional misconduct: Yes No
 If "Yes" give details below (Additional sheet can be used and attached if space provided below is not sufficient)

Has a patient ever filed a suit against you for any reason: Yes No
 If "Yes" give details below (Additional sheet can be used and attached if space provided below is not sufficient)

LIMIT OF LIABILITY - HEALTHCARE FACILITY ONLY

Categories/Description:

- Small:** Health facilities providing care only; Stand alone pharmacies, Laboratories, Physiotherapy centers, Ophthalmologist, Optometrist, Radiography centers, Dental centers e.t.c.
- Medium:** Facilities providing primary and secondary healthcare services with enrollees less than or equal to 5,000 persons
- Large:** (i) Facilities providing primary, secondary and tertiary services. (ii) Facilities providing primary and secondary services with enrollees greater than 5,000 persons. (iii) Facilities offering tertiary level care only

CATEGORY (Please tick as appropriate)	LIMIT PER OCCURRENCE (₦)	AGGREGATE LIMIT PER ANNUM (₦)
Small <input type="checkbox"/>	2.5 Million	5 Million
Medium <input type="checkbox"/>	5 Million	25 Million
Large <input type="checkbox"/>	5 Million	75 Million

LIMIT OF LIABILITY - HEALTH MANAGEMENT ORGANISATION (HMO) ONLY

CATEGORY (Please tick as appropriate)	LIMIT PER OCCURRENCE (₳)	AGGREGATE LIMIT PER ANNUM (₳)
National <input type="checkbox"/>	40,000,000.00	400,000,000.00
Zonal <input type="checkbox"/>	20,000,000.00	200,000,000.00
State <input type="checkbox"/>	10,000,000.00	100,000,000.00

The amount payable in respect of any loss in a year is limited to the aggregate limit on the policy/chosen

EMPLOYMENT RECORD

- A) Does your company carry out pre-employment check or other staff engagement investigation exercise? Yes No
- B) How many of your employees are ancillary staff?
- B) How many of your staff are your blood relations?

OCCUPATIONAL RISKS

How many of your corporate clients are engaged in cement, asbestos, gas, offshore, underground work, or any hazardous work?

List Names: _____

COMMENCEMENT DATE OF THIS POLICY (DD/MM/YYYY): _____

DECLARATION

We hereby declare that the above statement is true and correct and also agree that this proposal form shall form the basis of the contract between us and the underwriter.

Name

Signature and Date

Premium to be paid to NHIS Insurance Broker/Agent - Northlink Insurance Brokers Plc, Account No. 0017954118, Unity Bank Plc
Guinea Insurance Contact Details: Call: (+234) 0818-010-8958, 0806-347-0117, Email: underwriting@guineainsurance.com

Our Branch Offices

ABUJA OFFICE:

UPDC, 2nd Floor
Plot 272 UAC Complex (Beside SEC &
Opp. Arewa Suites)
Central Business District, Abuja

ONITSHA OFFICE

4, Ridge Road,
G.R.A. Stock Exchange Building
Onitsha (Business Village)

KANO OFFICE

2nd Floor, 22 Zaria Road
Opposite Umar Ibnkhatabu Mosque
Kano

BENIN OFFICE

Edo House
2nd Floor Akpapava Rd
Benin

PORT HARCOURT OFFICE:

125, Stadium Road
Indigo Mall
Port Harcourt

KADUNA OFFICE

Nnil Building (2 Floor)
4, Waff Road
Kaduna