



PIFRS
PI Financial Risk Services

Professional Indemnity

Financial Risk Services

PHARMACY PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

(to cover the pharmacy as a legal person and all staff working within the pharmacy)

1. **NAME OF PHARMACY:** (Please complete the following)

PHARMACY / HOLDING COMPANY NAME: _____

NAME OF PHARMACY (if different to above) _____

NAME/S OF OWNERS: _____

NAME OF RESPONSIBLE PHARMACIST (If not one of above) _____

Business Registration No: _____ Y Number: _____

VAT Number: _____ Are you an ICPA/Society member: Yes No

Address: POSTAL: _____

CODE: _____

PHYSICAL: _____

CODE: _____

EMAIL ADDRESS: _____ CELL PHONE: _____

WORK PHONE: _____ FAX: _____ HOME: _____

2. **PROFESSIONAL DETAILS:** (of RP only): (If more than one in multiple pharmacies please supply list)

RP's QUALIFICATIONS, UNIVERSITY/COLLEGE ATTENDED AND YEAR OBTAINED:

Name: _____ Qualif: _____ Univ/Clge. _____ YEAR: _____

3. **AREA OF BUSINESS:** (State Percentage): Hospital: _____; Retail: _____; Research/Clinical Trials: _____

Wholesaler/Distribution: _____; Govt/Municipal Clinic; _____; Travel Clinic: _____

Other: (Give Brief Description): _____

4. **STAFF MAKEUP:** Number of : Pharmacists: _____ Pharmacy Assistants: _____ Nursing Staff: _____

Cashiers: _____ Other: _____ No of LOCUMS likely to be on duty at any one time: _____

5. **ANNUAL TURNOVER:** (Please Give your turnover for the previous business year): R _____

(Your Estimated Turnover for the forthcoming year): R _____

6. **PREVIOUS INSURANCE AND CLAIMS DETAILS:**

Are you currently covered for malpractice insurance by an insurance company or friendly society?: (Yes/No) _____

If Yes, who was the insurer? _____ Policy Number: _____

(If you can attach a copy of the policy certificate for us to give a retroactive date as per that policy)

Have you ever been refused this type of insurance or asked to leave this type of insurance or organization?: _____

Have you been sued by a patient or received a lawyers letter/summons from a patient in last 5 years?: YES NO

Have you had a disciplinary enquiry or any complaints laid against you at council in the last 5 years? : YES NO
(supply brief details on separate page if YES)

If Yes to either of 2 above, have you notified or has your previous/current insurer been notified?: _____

6. **LEVEL OF COVER REQUIRED:**

<u>CIRCLE REQUIRED AMOUNT FOR PI/Medmal only</u>	R5,000,000.00	R10,000,000.00	R20,000,000.00
<u>CIRCLE REQUIRED AMOUNT FOR PI Medmal / Product Liability/Pollution Liability : ie: Broadform Liability</u>	R5,000,000.00	R10,000,000.00	R20,000,000.00

7. **DECLARATION:**

PIFRS and its various underwriters have a claims made policy which covers claims or suits arising from the provision of/or failure to provide professional healthcare services after the retroactive date on the policy and first brought to your attention while the policy is in force. If you have a previous policy in place, without any claims you are aware of or claims in process, we can give you the same retroactive date as your previous policy to ensure no gaps in cover may occur.

Run-off cover is negotiable for up to 3 years post 'ceasing to practice' or 'retirement' or 'closing the pharmacy' on cancellation of this policy subject to having been insured for a minimum of 3 years subject to notification of any potential claims or declaration of not being aware of any potential claims. If shorter than 3 years, this run-off cover is subject to underwriters approval and may in certain instances cost up to 1 years premium.

I/We declare and warrant that after enquiry all statements and particulars contained in this proposal and any attachments or addenda are true and that no information whatever has been withheld which may increase the risk of the Underwriters or influence the acceptance of this Proposal and should the above particulars alter in any way I/We will advise the Underwriters as soon as possible. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this declaration shall be the basis of the contract between both parties if entered into.

Full Name of Proposer:

(you the pharmacist/owner)

SIGNATURE:

DATE:

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE.

SCAN AND EMAIL to: Charles Skinner: charless@pifrs.co.za (Phone 082 338 3950 for any assistance)

IF NOT FOR PHARMACY, But individual cover in ones personal name required, please circle category and premium option.

< IF FOR A PHARMACY, ignore this table , just complete banking details below if you want to pay monthly once you have received the quote >

INDIVIDUAL PHARMACIST/ PNP / PHARMACY CLINIC NURSE RATES

RATES EFFECTIVE 1 st APRIL, 2018	LOI R5million in agg	LOI R10million in agg	LOI R20million in agg
Managing Directors (Industry), Research Pharmacists_			
Clin Trials, Responsible Pharmacists in Industry	R2,190.00 annually	R2,800.00 annually	R3,820.00 annually
Senior Pharmacists in Industry (Management)	or	or	or
PCDT or Prescribing Pharmacists	(R198.00 monthly)	(R246.00 monthly)	(R350.00 monthly)
Retail/Private Hosp Sector Responsible Pharmacists	R1,900.00 annually (R175.00 monthly)	R2,380 annually (R222.00 monthly)	R3,300.00 annually (R299.00 monthly)
Retail Pharmacy, Locums (locums in pvt hosp sector),			
Industrial Pharmacists (Mid management), Pvt Hosp,	R1,330.00 annually	R1,680.00 annually	R1,995.00 annually
Responsible Pharmacists working for Govt/State			
Pharmacy Clinic Nurses, Woundcare Nurses	(R120.00 monthly)	(R152.00 monthly)	(R188.00 monthly)
Govt employed Pharmacists doing private locums			
Govt employed Pharmacists (ie work only for state)	R995.00 annually	R1,330.00 annually	R1,850.00 annually
Regulatory Affairs Pharmacists (not doing locums)	(R95.00 monthly)	(R120.00 monthly)	(R164.00 monthly)
Dietitian in Practice/Dietitian in Pharmacy/Physiologist			
Pharmacy Technicians	R650.00 annually (R60.00 monthly)	R870.00 annually (R78.00 monthly)	
Interns, Comm Service Pharm, Academic Pharm	R480,00 annually	R620.00 annually	
Pharmacy assistants both basic and post basic			
(IF ASSISTANTS FULL TIME GOVERNMENT employed)	(R375 annually)	(R515 annually)	
Pharmacy Students / Pharmacy Technician Students	R135,00 annually		

First Amount Payable each and every claim: **R2,000.00**

Broker: PIFRS (FSP No. 48354)

Any Questions?: Phone Charles Skinner **082 338 3950** (24/7)

Underwriter: Leppard and Associates (Pty) Ltd (FSP No. 274)

Insurer: Lombard Insurance Company Ltd (FSP No. 1596)

Please note: The above rates include VAT: (20% commission for PIFRS and a R50.00 policy fee for PIFRS all included in the above rates.)

IF YOU OPT TO PAY MONTHLY, PLEASE COMPLETE BANKING DETAILS:

Account Holder: _____ Bank: _____

Branch Code: _____ Branch: _____

Account No: _____

Please circle: Cheque Transmission Savings

SIGN: _____