



**INDIVIDUAL PHARMACIST/PHARMACY CLINIC SISTER PROFESSIONAL INDEMNITY  
INSURANCE RENEWAL FORM**

**PERSONAL DETAILS:** (Please complete the following)

Surname: \_\_\_\_\_ ID No: \_\_\_\_\_

Full first names: \_\_\_\_\_ TITLE: \_\_\_\_\_

CURRENT POLICY NUMBER: \_\_\_\_\_

ANY CHANGE OF ADDRESS ? YES NO ANY CHANGE OF CELL PHONE/Tel NO: YES NO  
*(Still please put in your address, cell phone and email in space below)*

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ HOME: \_\_\_\_\_

**NO CLAIMS DECLARATION:** (Circle either yes or no)

Have you had a disciplinary enquiry or any complaints laid against you at council in the last year: YES NO

Have you been sued by a patient or received a lawyers letter from a patient in the last year: YES NO

Can you think of any incident that has happened in the last year whereby a patient may take action against you or your employer and were you involved ? YES NO

( IF YES to any of above, Please supply a brief summary on a separate sheet)

**HAS YOUR CATEGORY OF PRACTICE CHANGED (eg: Become an RP, or are now doing research) since last year:** YES NO  
(If yes to above or you want to change your sum insured, then circle the new category/sum insured or payment method on page 2)

**DECLARATION:**

The PIFRS claims made policy 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 are going to retire or cease to practice, then **PLEASE** advise us in an email or on a separate note when returning this renewal.

**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 renewal of my policy and should the above particulars alter in any way I/We will advise the Underwriters as soon as possible. I/We hereby agree and accept that this declaration shall be the basis of the renewal contract.**

**Full Name of Proposer:**

You are the proposer

**SIGNATURE :**

**DATE:**

**PLEASE GO TO THE NEXT PAGE, THIS TABLE OVERLEAF IS THE RATE TABLE AND WILL BE THE GUIDELINE USED TO RATE YOU IF YOU CHANGED/WANT CHANGED Category of Practice, Sum INSURED or payment method.**

**(SCAN AND EMAIL BACK TO: PIFRS or Charles Skinner charless@pifrs.co.za)** or phone Charles Skinner on 082 338 3950 if you have any questions or need any help/assistance.)

**JUST circle the amount of cover and the category you fall into & circle the annual premium (or the monthly premium if you wish to pay monthly). (LOI means limit of indemnity or how much you want to be insured for)**

**INDIVIDUAL PHARMACIST/ PNP / PHARMACY CLINIC NURSE RATES**

	LOI R5million in agg	LOI R10million in agg	LOI R20million in agg
Managing Directors (Industry), Research Pharmacists			
Clinical Trials, Responsible Pharmacists in Industry	R2,090.00 annually	R2,680.00 annually	R3,800.00 annually
Senior Pharmacists in Industry (Management)	or	or	or
PCDT or Prescribing Pharmacists	(R190.00 monthly)	(R242.00 monthly)	(R340.00 monthly)
Retail / Private Sector Responsible Pharmacists	R1,800.00 annually (R167.00 monthly)	R2,300 annually (R214.00 monthly)	R3,200.00 annually (R295.00 monthly)
Retail Pharmacy, Locum (Any private sector Locums)			
Industrial Pharmacists (Middle management)	R1,280.00 annually	R1,590.00 annually	R1,980.00 annually
Responsible Pharmacists working for Govt/State			
Pharmacy Clinic Nurses, Woundcare Nurses	(R115.00 Monthly)	(R146 monthly)	(R182.00 monthly)
Govt employed Pharmacists doing private locums			
Govt employed Pharmacists (ie work only for state)	R980.00 annually	R1,280.00 annually	R1,720.00 annually
Regulatory Affairs Pharmacist (not doing locums)	(R93.00 monthly)	(R115.00 monthly)	(R159.00)
Pharmacy Technicians	R620.00 annually (58.00 monthly)	R830.00 annually (R76.00 monthly)	
Interns, Comm Service Pharm, Academic Pharm	R450,00 annually	R580.00 annually	
Pharmacy assistants both basic and post basic			
<b>(IF ASSISTANTS FULL TIME GOVERNMENT employed)</b>	(R365 annually)	(R495 annually)	
Pharmacy Students / Pharmacy Technician students	R130,00 annually		

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

**Broker:** PIFRS (FSP No. 25937)

**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: (Only applies where monthly option available above).

Account Holder: \_\_\_\_\_ Bank: \_\_\_\_\_

Branch : \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Please Circle: (Cheque) (Savings) (Transmission)

OR: Annually: (Invoice Me) No certificate can be issued without Proof of Payment. (Wait for invoice if paying annually)

**SIGNATURE:** \_\_\_\_\_