

## MEDICAL MALPRACTICE LIABILITY : HOSPITALS / CLINICS

### Part 2 - Additional Information

#### STAFF COMPLEMENT

Please state the number of employees in each of the following classifications :

#### 1.1 Medical Staff

|    |                        | Number | Specialising in : |
|----|------------------------|--------|-------------------|
| a) | Surgeons               |        |                   |
| b) | Doctors of Medicine    |        |                   |
| c) | Radiologists           |        |                   |
| d) | Radiographers          |        |                   |
| e) | Laboratory Technicians |        |                   |
| f) | Pharmacists            |        |                   |

#### 1.2 Nursing Staff

| Name of Director of Nursing | Qualifications | Year(s) Obtained |
|-----------------------------|----------------|------------------|
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |
|                             |                |                  |

a) Number of Auxiliary Nurses

b) Number of Student Nurses

2.1 Please state your immediate past Financial Year End

2.2 Please state :

|    | Details   | Immediate Past Financial Year End | Previous Financial Year End |
|----|---|-----------------------------------|-----------------------------|
| a) | Gross Revenue of the Hospital / Clinic  |                                   |                             |
| b) | Gross Revenue relating to Rentals / Leases etc.                                   |                                   |                             |
| c) | Gross Revenue from Medical Procedures / Pharmacies or any other Medical Treatment |                                   |                             |
| d) | Gross Revenue from any other source.<br>(Give brief details).                     |                                   |                             |

3 QUOTATIONS REQUIRED

a)

| Amount : | Limit of Indemnity  |
|----------|---|
| Kshs.    | any one period of insurance inclusive of costs and expenses |
| Kshs.    | any one period of insurance inclusive of costs and expenses |
| Kshs.    | any one period of insurance inclusive of costs and expenses |

b) DEDUCTIBLE (EXCESS)  
(The amount carried by the Insured per claim)

| Amount : | Excess               |
|----------|----------------------|
| Kshs.    | each and every claim |
| Kshs.    | each and every claim |
| Kshs.    | each and every claim |

4. FEE INCOME

(This question must be completed accurately as the figures are used for rating purposes)

a) Please give gross fees received during the past five years :

| Gross Fees | Year |
|------------|------|
| Kshs.      |      |
| Kshs.      |      |
| Kshs.      |      |
| Kshs.      |      |
| Kshs.      |      |

b) Please give the estimated fees for the coming 12 months. Kshs.

5. Does the Insured wish to be indemnified for liabilities resulting from AIDS or any syndrome connected therewith?  Yes  No

6. Is there any further information that should be made known to the company in order that they may form a proper estimate of the risk ?  Yes  No

*(Please attach any relevant publications or brochures)*