

<b>EthiQal</b>	
<b>Type of business</b>	EthiQal is the indemnity insurance arm and a division of Constantia Insurance Company Limited (“EthiQal”)
<b>Risk carrier</b>	Constantia Insurance Company Limited
<b>Re-insurer</b>	Swiss Re
<b>Business model / philosophy</b>	<p>EthiQal’s business model is underpinned by active risk management. EthiQal has committed to investing in appropriate risk management initiatives that include provision of supportive risk management tools, data sharing, education and active stakeholder engagement. Targets include practice risk management, clinical risk management, legal risk management and lobbying for law reform.</p> <p>Optimisation of premium allocation is another key philosophy in the ongoing development of EthiQal’s indemnity solution and the sustainability thereof.</p>
<b>Underwriting philosophy</b>	<p>Underwriting is individualised and is based on the premise of adjusting a base premium rate, which is reviewed on an annual basis, in line with a doctor’s individual risk profile, where necessary. In this regard, the practitioner’s medicolegal history, including frequency and type of complaint, as well as reasons for a complaint or claim and the ability to defend these, together with a review of any patterns of complaints, is the most important determinant. Other factors that may influence premiums and the potential imposition of deductibles and policy conditions include scope of practice, practice volume, especially number of births, and income, as well as compliance with minimum practice management standards.</p>
<b>Claims philosophy</b>	<p>Key principles underpinning EthiQal’s claim adjudication and resolution philosophy:</p> <ul style="list-style-type: none"> <li>– Impartial and relevant expert opinion is key in designing the best defence strategy.</li> <li>– Mediation is promoted, where appropriate, to protect the practitioner and the patient against the mental strain of unnecessary prolongation of a dispute; to achieve the best outcome for both parties in the shortest possible time period; to avoid unnecessary legal fees; to restore the doctor-patient relationship and to protect the doctor’s reputation wherever possible</li> <li>– There is a zero tolerance for vexatious or frivolous claims, with the company committed to, if feasible and appropriate, counter-suing or taking action against rogue attorneys and ‘guns for hire’ experts.</li> </ul>

<b>Limits of indemnity</b>	Standard limits of indemnity range from R30 million plus one reinstatement to R50 million on an each and every claim basis, depending on the type of policy and limit purchased. R30 million plus one reinstatement means that R60 million is available in total per annum for that policy option. Any single claim may, however, not exceed R30 million.
<b>Products available</b>	Occurrence-Based and Claims-Made cover.
<b>Tail coverage</b>	For claims-made policies, notification periods may on application be extended at no additional premium for three years, where doctors cease to practice. Such reporting period may be extended at the insurer's discretion at an additional premium
<b>Policyholder protection</b>	Registered short-term insurance company regulated in South Africa by financial services sector regulators. Policyholders have access to the Short-term Insurance Ombudsman as well as the FAIS Ombudsman
<b>CEO</b>	Mr Volker von Widdern
<b>Medical professional(s)</b>	Dr Bettina Taylor (Clinical Risk Specialist)
<b>Other stakeholders</b>	Makes use of brokers such as Natmed
<b>What happens with surplus funds</b>	For claims-made policies, all notifications must be reserved. For occurrence-based policies, reserves are required for any adverse matter that may arise from the cover period, including up to 18-21 years later for children. Surplus thus only arises many years/decades after risk acceptance and claims settlement. Constantia is sharing the anticipated 'surplus' in relation to prevailing occurrence-based premiums in the form of an upfront 'bonus' by offering significantly reduced premiums and fixing occurrence-based premiums for 3 years where the doctor's risk profile allows
<b>Disclosure of adverse events necessary</b>	Yes Whereas for doctors insured via a claims-made policy reporting of relevant adverse events is a requirement for purposes of claims payment, for those insured via an occurrence-based policy, it is part of good risk management
<b>Are there guidelines</b>	Yes

<p><b>available with regards to disclosures and notifications</b></p>	<p>Doctors are guided in terms of what should be disclosed and notified on application and during the annual renewal process. There is also easy access to EthiQal's medicolegal and underwriting teams where doctors are in doubt.</p>
<p><b>What happens to the information provided through disclosure of adverse events</b></p>	<p>Information provided will first and foremost be used to support the medicolegal defence strategy and process. It will also assist with reserving appropriately for current and future claims and allow for the identification of gaps in risk management, both at individual practitioner and system level. Future underwriting decisions will furthermore be informed. To date, no doctor's occurrence-based premium committed for three years has been increased as a result of notifications, including complaints.</p>
<p><b>Can membership be terminated by the insurer?</b></p>	<p>Terms and conditions of policies may be amended from time to time, policies may be terminated or in severe circumstances cancelled where important information relevant to the assessment of an individual's risk profile was withheld or concealed. Where policies are terminated or amended, the insurer's obligations regarding any event insured under the policy applicable at the time remain.</p>