



 **PRORISK**

**Healthcare Professionals
Civil Liability**

Proposal Form

IMPORTANT NOTICES

CLAIMS MADE POLICY

This Proposal is for a policy issued by ProRisk, which includes coverage on a claims made and notified basis. This means that the policy provides cover for claims first made against you during the insurance period. The policy does not provide cover for any claims made against you during the insurance period if at any time prior to the commencement of the insurance period you were aware of facts which might give rise to those claims being made against you.

Section 40(3) of the Insurance Contracts Act 1984 provides that where the insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

YOUR DUTY OF DISCLOSURE:

Section 21 of the Insurance Contracts Act 1984 provides that before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, upon what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty of disclosure is waived by the insurer.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from inception.

RETROACTIVE LIABILITY

The policy is limited by a retroactive date. The policy does not cover any liability arising from your conduct prior to the retroactive date.

ALTERATION TO RISK AND DEREGISTRATION

The policy requires you to notify the insurer within thirty days of any material change in the nature of your organisation, or any act of insolvency or bankruptcy. The policy requires you to give immediate notice of the cancellation, suspension, termination or imposition of conditions in respect of your statutory registration. Claims arising

following the cancellation, suspension or termination of your statutory registration are excluded from indemnity under the policy.

LIMITED LIABILITY

The policy provides that if a payment greater than the limit of indemnity is required to dispose of a claim, the insurer's liability for costs and expenses will be limited to the proportion that the limit of indemnity bears to the payment required to dispose of the claim.

POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

WAIVER OF RIGHTS OF SUBROGATION

The policy provides that you must not, without our prior written consent, enter into any contract or agreement which excludes, limits or prejudices a right of recovery in respect of any claim covered under the policy. Further, you must not do anything or fail to do anything which excludes, limits or prejudices our rights of subrogation.

PRIVACY STATEMENT

ProRisk is bound by the obligations of the Privacy Act 1988 (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy. We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

A copy of our Privacy Statement is available from our website www.prorisk.com.au. To request access to or update your personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this Proposal.

IMPORTANT NOTICE:

- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of this Proposal.

Applicant's Details

1. Name(s) of the Proposed Policyholder:

(Please include the name of all entities, businesses and trading names, which are not subsidiaries of the ultimate of the proposed Policyholder. References to the Applicant are references to the Proposed Policyholder throughout)

2. ABN

3. Website address(s)

4. Principal business address

State

Postcode

5. Other business locations

6. Date of commencement of business

 / /

7. Staff numbers:

STAFF	NUMBER
Directors, Partners or Proprietors	
Full time employees (excluding the above)	
Part time & casual employees	
Independent contractors	
Voluntary workers, secondees and interns	
Total	

8. Please list your memberships of professional associations:

9. a) Has the name of your business ever changed? No Yes
 b) Have you ever carried on your business under a different corporate entity? No Yes
 c) Has any other business or practice amalgamated or merged with your business? No Yes
 d) Have you purchased any other business or practice? No Yes

If Yes to any of 10 a), b), c) or d) please provide details in an attachment.

Insurance History

10. Are you currently insured? No Yes

If Yes, please provide details:

	EXPIRY DATE	INSURER	LIMIT	EXCESS	PREMIUM
Professional Indemnity	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$	\$	\$
General Liability	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$	\$	\$
Management Liability	<input type="text"/> / <input type="text"/> / <input type="text"/>		\$	\$	\$

Revenue, assets and Liabilities

11. Please state the date of your financial year end: / /

12. Please provide details of your revenue and assets:

	LAST FINANCIAL YEAR	THIS FINANCIAL YEAR (EST)
Total Gross Revenue	\$	\$
Total Gross Company Assets	\$	\$
Total Company Liabilities	\$	\$
Net Assets	\$	\$
Net Profit (Loss)	\$	\$

13. Are there any facts or circumstances that might affect the ability of the Applicant to meet their debts as and when they fall due? No Yes

If Yes, please provide details in an attachment.

14. Do the financial statements of the Applicant contain a contingent liability? No Yes

If Yes, please provide details in an attachment.

15. Do you perform work outside of Australia, or work for clients located overseas? If so, please state the amount of turnover below in AUD:

	LAST FINANCIAL YEAR	THIS FINANCIAL YEAR (EST)
USA and Canada	\$	\$
* Other Overseas Territories	\$	\$

Please state all countries:

16. For the last financial year, please provide a percentage breakdown of gross revenue by state:

VIC	<input type="text"/>	%	NT	<input type="text"/>	%	QLD	<input type="text"/>	%	Overseas	<input type="text"/>	%
SA	<input type="text"/>	%	ACT	<input type="text"/>	%	TAS	<input type="text"/>	%	Total	<input type="text"/>	%
NSW	<input type="text"/>	%	WA	<input type="text"/>	%						

Activities and Contractors

17. For the upcoming period of insurance please provide a percentage breakdown of business activities that you wish to have covered?

BUSINESS ACTIVITY (EG; PILATES)	% OF GROSS FEE INCOME

18. Do you require cover for business activities other than the business activities as shown in the table above? No Yes

If **Yes**, please provide details below:

19. This policy **will not** automatically cover your **Contractors**. Do you require cover to extend to cover all of your contractors? No Yes

20. Does the Applicant require contractors and agents to carry their own professional liability policy? No Yes

21. Are all staff suitably qualified to provide the services that they are providing? No Yes

22. Does the Applicant obtain client information and medical history in all cases? No Yes

23. Does the applicant maintain accurate and descriptive records of all medical or therapeutic services provided? No Yes

24. Does the applicant obtain informed consent in all cases? No Yes

25. Does the applicant manufacture, alter, repair, repackage or import any products? No Yes

Applicant's Business Details

26. a) Has there been any substantial change in your activities in the past twelve months? No Yes

b) Do you anticipate any substantial change in your activities during the next twelve months? No Yes

If **Yes to a) or b)** please provide details in an attachment.

27. Are you applying for cover for your liability in a joint venture? No Yes

If **Yes to a) or b)** please provide details in an attachment.

Claims Information

28. Have you ever had an insurer decline your insurance application, refuse to renew your policy or impose any special conditions? No Yes
 If **Yes**, please provide claims details in an attachment. Details provided
29. Have you or anyone else within your organisation, been convicted of a criminal offence?..... No Yes
 If **Yes**, please provide details in an attachment. Details provided
30. Have you or anyone else within your organisation, been declared bankrupt?..... No Yes
 If **Yes**, please provide details in an attachment. Details provided
31. During the past 5 years have any claims been made against you, your principals, employees, or contractors, or have any circumstances been notified to the insurers that might give rise to a claim? No Yes
 If **Yes**, please provide details in an attachment.
32. During the past 5 years, have you ever experienced a fraud, crime or break and enter? No Yes
 If **Yes**, please provide details in an attachment. Details provided
33. During the past 5 years, have you ever been subject to a tax audit, risk review or other investigation by an official body?..... No Yes
 If **Yes**, please provide details in an attachment. Details provided
34. Have you, your principals, employees or contractors ever been the subject of a complaint to a professional society or statutory registration board?..... No Yes
 If **Yes**, please provide details in an attachment. Details provided

Cover Required

35. Please advise limit(s) required for Coverage Section A (Civil Liability)
- | | | | |
|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$20,000,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$10,000,000 | <input type="checkbox"/> Other - Please specify: |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$15,000,000 | \$ <input type="text"/> |
36. Please advise limit(s) required for Coverage Section B (Public & Products Liability)
- | | | | |
|------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$5,000,000 | <input type="checkbox"/> \$20,000,000 |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$1,000,000 | <input type="checkbox"/> \$10,000,000 | <input type="checkbox"/> Other - Please specify: |
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$2,000,000 | <input type="checkbox"/> \$15,000,000 | \$ <input type="text"/> |
37. Please advise excess(es) required:
- | | | | |
|----------------------------------|-----------------------------------|--------------------------------------------------|-------------------------|
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$20,000 | |
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> Other - Please specify: | \$ <input type="text"/> |

Note: Selecting a higher excess will reduce the price of your insurance.

Declaration

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Applicant to complete this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I authorise ProRisk to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Name:

Position:

Signature:

Date:

 / /