



## MEDICAL MALPRACTICE PROFESSIONAL INDEMNITY APPLICATION

### Healthcare Establishments

**Important Facts Relating To This Proposal Form** - You should read the following advice before proceeding to complete this proposal form.

Medisure Indemnity Australia Pty Ltd – ABN 29 116 319 567 AFS 412681 arranges the insurance AAI Limited trading as Vero Insurance ABN 48 005 297 807 issues the insurance.

#### **Duty of disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, 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 insurance, and if so, on 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 any 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 his business, ought to know;
- as to which compliance with your duty 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, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

#### **Claims made and notified basis of coverage**

The Professional Indemnity Insurance Policy is issued on a 'Claims made and Notified' basis. This means that the Insuring Clause responds to: (a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and

(b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40 (3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of the insurance cover provided by the contract." When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

#### **Retroactive date**

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

#### **Subrogation waiver**

The policy contains a provision that has the effect of excluding or limiting the insurer's liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights of recovery against another.

#### **Average provision**

If your policy provides for 'Costs in Addition' to the limit of indemnity and if a payment in excess of the limit of indemnity available under your policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim payments.

#### **Privacy Policy**

Medisure Indemnity Australia Pty Ltd is committed to protecting your privacy in accordance with the Privacy Act 1998 (Cth). This Privacy Policy describes our current policies and practices in relation to the handling and use of personal information. It also deals with how you can complain about a breach of the privacy laws and how you can access the personal information we hold and how to have that information corrected.

#### **What information do we collect and how do we use it?**

When we arrange insurance on your behalf, we ask you for the information we need to advise you about your insurance needs and management of your risks. We provide any information that the insurers or intermediaries who we ask to quote for your insurances and premium funding require to enable them to decide whether to insure you and on what terms. Insurers may in turn pass on this information to their reinsurers. Some of these companies are located outside Australia. When you make a claim under your policy, we assist you by collecting information about your claim. Sometimes we also need to collect information about you from others. We provide this information to your insurer (or anyone your insurer has appointed to assist it to consider your claim, e.g. loss adjusters, medical brokers etc.) to enable it to consider your claim. Again this information may be passed on to reinsurers. Information collected via forms is sent to our offices via EMAIL (not encrypted) and is also stored on a database which is accessible by our staff only (password protected). We also use your information to enable us to manage your ongoing requirements, e.g. renewals, and our relationship with you, e.g. invoicing, etc. We may send you regular updates by email or by post on insurance matters. If you would rather not receive this information or do not wish to receive it electronically, email or write to us. We may use your information internally to help us improve our services and help resolve any problems.

#### **What if you don't provide some information to us?**

We can only fully advise you if we have all relevant information. The insurance laws also require you to provide your insurers with all the information they need in order to be able to decide whether to insure you and on what terms.

#### **How do we hold and protect your information?**

We strive to maintain the reliability, accuracy, completeness, and currency of the personal information we hold and to protect its privacy and security. We keep personal information only for as long as is reasonably necessary for the purpose for which it was collected or to comply with any applicable legal or ethical reporting or document retention requirements. We hold the information we collect from you initially in a working file, which when completed is electronically imaged and stored, after which any paper is destroyed in our onsite shredder. We ensure that your information is safe by protecting it from unauthorized access, modification, and disclosure. We maintain physical security over our paper and electronic data stores and premises, such as locks and security systems. We also maintain computer and network security; for example, we use firewalls (security measures for the Internet) and other security systems such as user identifiers and passwords to control access to computer systems.

#### **Will we disclose the information we collect to anyone?**

We do not sell, trade, or rent your personal information to others. We may need to provide your information to contractors who supply services to us, e.g. to handle mailings on our behalf or to other companies in the event of a corporate sale, merger, re-organization, dissolution or similar event. However, we will do our best to ensure that they protect your information in the same way that we do. We may provide your information to others if we are required to do so by law or under some unusual other circumstances which the Privacy Act permits.

#### **Transfer of personal information overseas**

Some of the third party services providers to whom we disclose personal information are located in countries outside of Australia. We would only transfer your information to those countries which have Privacy legislation of the same or stronger than the law in Australia. You acknowledge that by consenting to the disclosure of your personal information to these entities outside of Australia we will no longer be required to take reasonable steps to ensure that the overseas recipient does not breach the applicable privacy principles of the Privacy Act 1988 as applicable in relation to your personal information. On this basis, you consent to such overseas disclosure by accepting this privacy policy.

#### **How can you check, update or change the information we hold about you?**

Upon receipt of your written request and enough information to allow us to identify the information, we will disclose to you the personal information we hold about you. We will also correct, amend or delete any personal information that we agree is inaccurate. If you wish to access or correct your personal information please write to our Privacy Officer at PSC Insurance, PO Box 557, East Melbourne Victoria 8004. We do not charge for receiving a request for access to personal information or for complying with a correction request. Where the information requested is not a straightforward issue and will involve a considerable amount of time then a charge will need to be confirmed for responding to the request for the information.

#### **How to make a complaint**

If you wish to make a complaint about a breach of this policy or the privacy principles of the Privacy Act 1988 you can contact us using the contact details below. You will need to provide us with sufficient details regarding your complaint together with supporting evidence and information. We will refer your complaint to our Privacy Officer who will investigate the issue and determine the steps that we will undertake to resolve your complaint. We will try to resolve your complaint within 14 working days and if this is not possible, you will be contacted to let you know how long it should take us to resolve your complaint. If you are not satisfied with our determination, you can contact the Australian Privacy Commissioner via [www.oaic.gov.au](http://www.oaic.gov.au).

#### **Your Consent**

By asking us to assist with your insurance needs, you consent to the collection and use of the information you have provided to us for the purposes described above.

#### **Broker acting as agent of Insurer**

In effecting this contract of insurance Medisure Indemnity Australia Pty Ltd will be acting under an authority given to it by the Insurer and the broker will be effecting the contract as agent of the Insurer and not the Insured.

### Business details (please list all entities to be insured)

Business name (policy cannot be in the name of a trust):

Primary address:

Additional locations:

Ph.:

ABN:

### Please provide details of all Partners, Principals and Directors

Name	Qualifications	Date Qualified	Start Date (at this practice)

### Activities (please select all that apply, and advise % split)

<input type="checkbox"/> Aboriginal health services**	<input type="checkbox"/> Obstetrics / Maternity services
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Occupational therapy
<input type="checkbox"/> Aged / Disability care facility or Nursing home	<input type="checkbox"/> Optometry
<input type="checkbox"/> Aged / Disability care assistance services	<input type="checkbox"/> Osteopathic
<input type="checkbox"/> Audiology	<input type="checkbox"/> Pathology
<input type="checkbox"/> Cosmetic beauty clinic	<input type="checkbox"/> Pediatrics
<input type="checkbox"/> Cosmetic surgery – elective	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Cosmetic surgery – non elective	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Psychiatric
<input type="checkbox"/> Day spa (excluding any laser, cosmetic injectables)	<input type="checkbox"/> Radiology / Sonography / Medical imaging
<input type="checkbox"/> Day surgery	<input type="checkbox"/> Specialist medical service**
<input type="checkbox"/> Dental	<input type="checkbox"/> Speech pathology
<input type="checkbox"/> Drug / Alcohol rehabilitation	<input type="checkbox"/> Veterinary services (domestic animals)
<input type="checkbox"/> Exercise physiology	<input type="checkbox"/> Termination of pregnancy
<input type="checkbox"/> Gynecological services	<input type="checkbox"/> Yoga / Pilates
<input type="checkbox"/> IVF / Fertility services	<input type="checkbox"/> Other**

\*\* Please provide further information regarding services provided:

Do you provide any services to prisons, refugee camps or detention centres?  Yes  No

Do you perform any clinical trial services?  Yes  No

Do you perform any facial thread lifting services?  Yes  No

Has any insured ever provided maternity, pathology or elective cosmetic surgery services in the past?  Yes  No

Do you envisage any substantial changes to your activities over the next 12 months?  Yes  No

If you have answered YES to any of the above, please provide further information:

## Overnight stays information

Do you provide any services involving overnight stays at your client's premises?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you provide any services involving overnight stays at your premises?		<input type="checkbox"/> Yes**	<input type="checkbox"/> No
<b>**If yes, please complete the following questions:</b>			
Is the premises fit for purpose relating to the care requirements of the individuals being cared for?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide specifics (eg: ramps, rails, security cameras etc.):			
Is anyone staying overnight a minor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, do you have a valid working with children check certificate?:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the premises NDIS approved and accredited?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you within 50km of emergency services?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there always a staff member present during overnight stays?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please list number of rooms:	Please list number of beds:	Annual occupancy rate:	

## Staff details

Category	Total Number	Employed FTE	Contracted FTE
Partners / Principals / Directors (Non-Surgical)			
Allied Health**			
Anesthetists			
Dentists			
Medical Practitioners / Surgeons			
Midwives			
Non-technical administration staff			
Nursing staff (excl midwives)			
Nursing / Personal care assistants			
Radiographers / Sonographers / X-Ray technicians			
Trainee staff			
Other**			
**Details of staff:			

## Financial information

	Last financial year	Expected this year	Expected next year
Gross fees / Turnover (as applicable), payable by clients.	\$	\$	\$

## General information

Cover excludes Medical Malpractice to contracted medical practitioners and dentists for their malpractice liability. Cover for employed medical practitioners and dentists may be available on request. Do you require this cover?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business domiciled, based or registered in Australia?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured have procedures in place that comply with all applicable regulations in respect of sterilization of instruments, and the safe disposal / storage / collection of all waste including sharps, dressings, blood products, hazardous waste?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are volunteers or students undertaking work experience at the insured's establishment/s to be insured under the medical malpractice insurance application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Total number	Details of activities	All students/volunteers are suitably qualified or under direct supervision of a qualified medical practitioner at all times?
Volunteers:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Students:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the insured required to be licensed or accredited in order to practice the professional services?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, please provide details:</b>		
Has the practice undergone any mergers or acquisitions?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, please provide details:</b>		
Does the insured engage consultants, contractors or agents?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If YES, please complete the following:</b>		
i)	Do you insist they carry their own Professional Indemnity or Malpractice insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii)	Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such contractors, sub-contractors or agents?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Claims history

<b>Have you, the company or any Partner, Principal, Director or Staff member ever:</b>	
Been refused any form of professional indemnity or medical malpractice cover, or had an application declined or special conditions imposed in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had your registration revoked, suspended or had conditions placed upon it, or have you ever been found guilty of any offence in relation to your practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had any claims for malpractice, negligence or breach of professional duty against the practice or any of their predecessors in business or any prior practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that may give rise to a claim in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any criminal history specifically linked to the conduct of the professional services / the business you are seeking cover for, in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you have answered YES to any of the above, please provide details:</b>	
<b>Are you aware of any:</b>	
Previously unreported incidents or circumstances from your health care activities within the past 5 years that could lead to a future complaint, claim or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Partner, Principal, Director or staff member that has ever been subject to disciplinary proceedings for professional misconduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you have answered YES to any of the above, please provide details:</b>	

## Claims history (cont'd)

<b>Date of claim/notification:</b>	<b>Notified to insurer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of insurer:</b>
Brief description of Matter / Circumstance:		
Name of Claimant or Potential Claimant:		
Amount paid, or estimate of potential liability: \$	Is the matter finalized or outstanding?:	
<b>Date of claim/notification:</b>	<b>Notified to insurer:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of insurer:</b>
Brief description of Matter / Circumstance:		
Name of Claimant or Potential Claimant:		
Amount paid, or estimate of potential liability: \$	Is the matter finalized or outstanding?:	

## Limit of indemnity

<b>Medical Malpractice:</b>	<input type="checkbox"/> \$1 Million	<input type="checkbox"/> \$2 Million	<input type="checkbox"/> \$5 Million	<input type="checkbox"/> \$10 Million	<input type="checkbox"/> \$20 Million
<b>Public and Products liability:</b>	<input type="checkbox"/> Not required	<input type="checkbox"/> \$10 Million	<input type="checkbox"/> \$20 Million		

## Activity split (based on fee income) per state %

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/Seas**
%	%	%	%	%	%	%	%	%

\*\*Please provide details of services performed outside Australia, or for clients located overseas:

## Declaration

I, the undersigned duly authorized person(s) declare that:

- i) I/We declare that all answers and statements made in the application are true, correct and complete in every aspect.
- ii) I/We authorize the Insurer to give to, or to obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine, including this completed application and my insurance claims history, and my credit history.

**Name:**

**Signature:** **Date:**

**\*\* IMPORTANT: Proposal forms must be signed and dated within 30 days of policy inception. \*\***

Please return your completed proposal form to your insurance broker.