



MEDICAL, HEALTH & ALLIED ESTABLISHMENTS MALPRACTICE INSURANCE PROPOSAL FORM

- Answer all questions. Blanks &/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed & dated addendum.
- Any documents attached to the proposal form are part of this proposal.
- Where appropriate, please tick the yes or no box which best indicates your reply.

Your Details

1. Name

Full legal name of each natural person & incorporated body to be insured as well as any unincorporated business or trading names.

(a) Date(s) of Commencement

(b) Are you registered for GST purposes? No Yes What is your ABN?

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(c) If less than 5 years, please provide a resume of partners'/directors' prior experience

2. Address

(a) Registered Office

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(b) Other Locations

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3. Principals' previous business (incoming):

Trading name of any prior professional business conducted by a Principal

Date name changed/business ceased

4. Prior corporate entity:

Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation involving your businesses taken place?

No Yes Please detail changes in chronological order.

5. Name(s) of owner(s), Principals or partners and details of their professional experience/qualifications. If the establishment is not administered by the owner(s) or partner(s), please outline administrative structure. In particular, state name, professional qualifications, years of experience of administrator.

Name and Title	Qualifications	Date Qualified	Years practising as Principal		Name of Previous Practice
			This Practice	Prev. Practice	

6. Is the proposer a member in good standing of a professional association or society that is associated with this type of business or activity?

No Yes *Please give full details of membership status*

7. State the number of employees in each of the following classifications:

This policy is designed to cover claims made against the proposer's establishment and/or employees, provided such employees are not registered medical practitioners. If cover is also required for claims made against registered Medical Practitioners or other consultants who are not employees, please refer to Question 22.

(a) Surgeons	(a) <input type="text"/>
(b) Doctors	(b) <input type="text"/>
(c) Anaesthetists	(c) <input type="text"/>
(d) Interns	(d) <input type="text"/>
(e) X-ray Technicians	(e) <input type="text"/>
(f) Laboratory Technicians	(f) <input type="text"/>
(g) Pharmacists	(g) <input type="text"/>
(h) Registered Nurses	(h) <input type="text"/>
(i) Enrolled Nurses	(i) <input type="text"/>
(j) Midwives	(j) <input type="text"/>
(k) Nurse Anaesthetists	(k) <input type="text"/>
(l) Attendant Carers	(l) <input type="text"/>
(m) Undergraduate or Student Staff	(m) <input type="text"/>
(n) Other medical, health or allied employees (please specify)	(n) <input type="text"/>
(o) Clerical/Administrative	(o) <input type="text"/>
TOTAL	<input type="text"/>

Insurance History

8. (a) Are you currently insured for malpractice insurance?
 No Yes *Please complete the table below for the last 3 years.*
- (b) If you are not, have you ever been insured for malpractice insurance?
 No Yes *Please complete the table below for the last 3 years you were insured.*

Name of Insurer	Period Insured	Sum Insured	Excess

9. Have you ever had a liability insurer:
- (a) decline a proposal? No Yes *Please provide details on your letterhead*
 - (b) impose special terms? No Yes *Please provide details on your letterhead*
 - (c) decline to renew your insurance? No Yes *Please provide details on your letterhead*
 - (d) cancel your insurance? No Yes *Please provide details on your letterhead*

10. Is the proposer maintained in whole or in part by public or private funds or endowment?
 No Yes *Please provide details.*

11. Does the proposer act as a charitable institution?
 No Yes *Please state percentage of full charity patients.*

12. Is the proposer duly licensed in accordance with law to practise at the address(es) specified in Question 4?
 No Yes *Please provide details.*

Your Professional Activities

13. (a) What is the professional nature of the establishment?

- (b) Has there been any change in the professional nature of the establishment?
 No Yes *Please provide details.*

14. Please provide the approximate division of patients between:

(a) General/ Medical	%	(h) Psychiatric	%	
(b) Surgical (major)	%	(i) Drug/Alcohol dependency	%	
(c) Surgical (minor)	%	(j) Elective Cosmetic	%	
(d) Day Surgery	%	(k) Obstetrics/Maternity	%	
(e) AIDS/HIV	%	(l) Allied Health Therapy	%	
(f) Senile or Aged	%	(m) Casualty/Emergency	%	
(g) Palliative	%	(n) Other (please specify)	%	
			TOTAL	%

15. What diagnosis or surgical procedures are performed other than as referred to in Question 14?

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16. State number of X-ray machines owned or operated and whether they are used for diagnosis or treatment or both. Please state by whom treatment is given.

17. Does the proposer give radium or other radio-active treatment?

No Yes *Please give details stating by whom the treatment is given.*

18. Does the proposer have:

(a) An ICU (Intensive Care Unit)?

No Yes

(b) CAT scanners, MRI equipment or similar?

No Yes

(c) Pathology laboratory(ies)?

No Yes

% Revenue (disclosed in Q.30(a))

19. (i) Please provide the following details about number of beds now available

- (a) Emergency Ward Beds
- (b) Day Surgery Beds
- (c) Maternity Beds
- (d) Other Hospital Beds
- (e) Nursing Home Beds
- (f) Self Care Units
- (g) Others - please give details

(ii) What is the overall occupancy rate for all the beds maintained during the last 12 months? %

Joint Ventures

20. Have your or any Principal been (or are they) a member of any Joint Venture?

No Yes *Please provide on a separate page and attach to this proposal information in respect of each such Joint Venture. Additional information may be requested depending on the nature, size and type of Joint Venture.*

Overseas Work (Outside Australia)

21. Have you ever undertaken, or are you likely to undertake, work overseas?

No Yes *Please provide the following details of such work.*

Country	Type of Work	Dates of Commencement/Closure	Annual Income

Miscellaneous

22. Does the proposer regularly ensure and record that all Registered Medical Practitioners and other Consultants are members of a Medical Defence Organisation, or are otherwise fully insured for their own Malpractice?

Yes No *Please refer to the note to Question 7.*

23. Does the proposer require specific Registered Medical Practitioners and/or Consultants to be covered under the proposed insurances?

No Yes *Please provide the following details.*

Name	Qualifications	Service	Relevant Experience	Employee

24. (a) Does the proposer have any Medical or Nursing teaching facilities?

No Yes *Please provide details.*

(b) Does and will the proposer ensure that competent and adequately trained staff only will be employed and that staff are properly supervised?

No Yes *Please provide details.*

(c) Matron's name, qualification, year obtained and how long in this position.

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25. Do you operate clinics?

No Yes *Please state:*

(a) Kind of clinic

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(b) Whether free, part-pay or full pay?

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(c) Number of:

(i) Employed Clinic Physicians and Interns

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(ii) Nurses

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(iii) Patients per year

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26. Does the proposer conduct fund raising functions which involve amusement rides, pony rides, balloon rides and the like?

No Yes Do you obtain written confirmation that all providers of such rides/flights maintain current public liability insurance? No Yes

27. Does the proposer envisage any substantial changes in your activities or major new developments within the next 12 months? No Yes

28. Is there any further information that should be made known to CGU Professional Risks so that a proper estimate of the risk may be formed?

No Yes *Please give details.*

Claims and Circumstances

29. Please answer the following questions after enquiry within your organisation.

- (a) During the past 10 years has any Claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No Yes *Please give details.*

Year Notified	Insured With	Claimant	Nature of Problem	Amount Paid and/or outstanding

- (b) Are there any circumstances not already notified to insurers which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals).

No Yes *Please give details.*

Name of Practice and Principal	Claimant	Nature of Problem	Estimate

- (c) Are there any Claims against previous practices which have been identified in Questions 3 or 4 of this Proposal, which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals).

No Yes *Please give details.*

Name of Practice and Principal	Claimant	Nature of Problem	Amount Paid and/or outstanding

- (d) Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes *Please give details.*

Name of Practice and Principal/ Staff Member	Claimant	Nature of Problem	Amount Paid and/or outstanding

Revenue

30. (a) Gross revenue for the last 12 months. Australia \$

(b) Estimated gross revenue for the next 12 months. Australia \$

Include fees paid to sub-consultants appointed by you. **Exclude** fees collected for disbursement to consultants appointed by your client together with travelling, accommodation or similar expenses reimbursed by your clients.

- (c) Please provide a percentage breakdown of the fee income disclosed in Question 18(a) by State or Territory.

NSW %	VIC %	QLD %	SA %	NT %
WA %	ACT %	TAS %	Overseas %	Total %

- (d) Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance? (Generally speaking, you are a small business if your aggregated turnover is less than \$2 million.) For more information, visit www.revenue.nsw.gov.au/taxes/insurance/exemptions

Yes No

Risk Management

31. (a) Do you have a documented Risk Management Program (consistent with Australian Standard AS/NZS 4360:2004) which addresses your professional duty risk?

No Yes *Please provide a copy.*

(b) What date was that program implemented?

(c) Is the program independently reviewed/monitored/audited?

No Yes *Please provide details.*

(d) When was that program last reviewed and updated to ensure that it complies with the current standards applying to your profession?

(e) What are the highlights of the program which you have implemented to reduce/manage risk related to breach of professional duty as they related to your practice?

(f) Is there a principal/director/partner responsible for the oversight of risk management within your practice?
Please provide details

Cover Required

32. Please state:

(a) Amount of preferred **Total Sum Insured.** \$

(b) Amount of preferred excess. (N.B. Your policy will be subject to a minimum excess.) \$

Retroactive Cover

33. Do you require retroactive cover which may be subject to additional premium?

Retroactive cover extends cover under the Policy to liability arising from work carried out prior to the inception of the Policy to which this Proposal relates. There will be no cover for Claims arising from a Known Circumstance as at Policy inception.

No Yes *Please state the date from which retroactive cover is required* / /

Optional Extensions - Entity Cover - Employment Practices Liability - Fidelity

34. Do you require Employment Practices Liability cover, subject to additional premium?

No Yes *A further addendum will need to be completed. Please request a copy of this form.*

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this Proposal form and the inception date of the insurance to which this Proposal relates I/we shall give immediately notice thereof.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this Proposal form and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

To be signed by the Chairman/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being voided.

Insurance Broker's Details

Broker Name

Address

Postcode

Phone

Fax

Contact Name

Adelaide

80 Flinders Street Adelaide SA 5000
Tel (08) 8425 6650 Fax (08) 8425 6592

Perth

46 Colin Street West Perth WA 6005
Tel (08) 9254 3750 Fax (08) 9254 3751

Brisbane

189 Grey Street South Bank QLD 4101
Tel (07) 3135 1566 Fax (07) 3135 1564

Sydney

388 George Street Sydney NSW 2000
Tel (02) 8224 4655 Fax (02) 8224 4030

Melbourne

181 William Street Melbourne VIC 3000
Tel (03) 9601 8700 Fax (03) 9602 5255



Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance

AN IMPORTANT NOTICE TO THE APPLICANT

'CLAIMS MADE' CONTRACTS OF INSURANCE

PLEASE READ AND RETAIN IN YOUR FILE

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:-

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act* which states:

'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 insurance cover provided by the contract'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

DUTY OF DISCLOSURE

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act*, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us 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 us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

Adelaide
80 Flinders Street Adelaide SA 5000
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