

Health & Wellness Professionals Civil Liability Proposal Form



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find us on     

the problem solving **PEOPLE**

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 only covers claims first made against you during the insurance period and notified to ProRisk in writing 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 its beginning.

RETROACTIVE LIABILITY: The policy is limited by a retroactive date. The policy does not cover any civil liability arising from your conduct of the professional business 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 the professional business, or any act of insolvency or bankruptcy of the insured. The policy requires you to give immediate notice of the cancellation, suspension, termination or imposition of conditions in respect of the insured's statutory registration. Claims arising following the cancellation, suspension or termination of the insured's 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 which the insured may have 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.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this Proposal.



HEALTHCARE PROFESSIONALS CIVIL LIABILITY INSURANCE 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.

PART 1: APPLICANT'S DETAILS

1.1 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)

1.2 ABN: _____

1.3 Internet address(es): _____

1.4 Principal business address:

1.5 Other business locations (e.g. if you practice away from your Principal business address):

1.6 Date of commencement of business: ____ / ____ / ____

1.7 Staff Numbers:

Staff	Numbers
Directors, Partners or Proprietors	
Fulltime Employees	
Part-time & Casual employees	
Independent contractors	
Voluntary workers, secondees and interns	
Total:	



1.8 Please list your memberships of professional associations:

- 1.9 (a) Has the name of your business ever changed? Yes No
(b) Have you ever carried on your business under a different corporate entity? Yes No
(c) Has any other business or practice amalgamated or merged with your business? Yes No
(d) Have you purchased any other business or practice? Yes No
If Yes to any of 1.9(a), (b), (c) or (d) please provide details in an attachment.

PART 2: INSURANCE HISTORY

2.1 (a) Are you currently insured? Yes No

If Yes, please provide details:

	Expiry Date	Insurer	Limit	Excess	Premium
Professional Indemnity					
General Liability					

PART 3: ESTIMATED REVENUE

3.1 Please state the date of your financial year end: ____ / ____ / ____

3.2 Please provide details of your revenue & assets:

	LAST FINANCIAL YEAR	THIS FINANCIAL YEAR (EST)
TOTAL GROSS REVENUE:		

3.4 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)
NEW ZEALAND		
USA & CANADA		
Other Overseas Territories*		

* Please state all countries: _____



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

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

PART 4: ACTIVITIES

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

Business Activity (e.g. Health & Wellness coach)	% of Gross Fee Income
Health & Wellness Coaching	%
[INSERT OTHER]	%

4.2 Do you require cover for business activities other than the business activities as shown in the table below?

Yes No

If Yes, please provide details:

PART 5: RISK MANAGEMENT

5.1 This policy **will not** automatically cover **Contractors undertaking work on your behalf**. Please let us know if you require coverage to extend to any of your contractors?

Yes No

5.2 Are all staff suitably qualified to provide the services that they are providing?

Yes No

5.3 Does the Applicant obtain client information and medical history in all cases?

Yes No

5.4 Does the applicant maintain accurate and descriptive records of all medical or therapeutic services provided?

Yes No

5.5 Does the applicant obtain informed consent in all cases?

Yes No



5.6 Does the applicant manufacture, alter, repair, repackage or import any products?

Yes No

PART 6: APPLICANT'S BUSINESS DETAILS

6.1 (a) Has there been any substantial change in your activities in the past twelve months?

Yes No

(b) Do you anticipate any substantial change in your activities during the next twelve months?

Yes No

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

PART 7: CLAIMS INFORMATION

7.1 Have you ever had an insurer decline your insurance application, refuse to renew your policy or impose any special conditions?

Yes No

If **Yes**, please provide details in an attachment.

7.2 Have you or anyone else within your organisation, been convicted of a criminal offence?

Yes No

If **Yes**, please provide details in an attachment.

7.3 Have you or anyone else within your organisation, been declared bankrupt?

Yes No

If **Yes**, please provide details in an attachment.

7.4 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?

Yes No

If **Yes**, please provide details in an attachment.

7.5 During the past 5 years, have you ever made a claim on an insurance policy similar to the coverage being requested in this application?

Yes No

If **Yes**, please provide details in an attachment.

7.6 During the past 5 years, have you ever experienced a fraud, crime or break and enter?

Yes No

If **Yes**, please provide details in an attachment.

7.7 During the past 5 years, have you ever been subject to a tax audit, risk review or other investigation by an official body?

Yes No

If **Yes**, please provide details in an attachment.



7.8 Have you, your principals, employees or contractors ever been the subject of a complaint to a professional society or statutory registration board?

Yes No

If **Yes**, please provide details in an attachment.

PART 8: 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.

Signature: _____

Name: _____

Position: _____

Date: ____/____/____

