



MEDICAL MALPRACTICE COMBINED LIABILITY INSURANCE

MEDICAL AND ALLIED HEALTH ESTABLISHMENTS PROPOSAL

Level 1, 2 Wellington Parade, East Melbourne. 3002.
ph: 03 9235 5255 fax: 1800 633 073
email: enquiries@prorisk.com.au
web: www.prorisk.com.au



IMPORTANT NOTICES:

CLAIMS MADE POLICY

This Proposal is for a policy issued by ProRisk 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 claim or inquiry directly or indirectly caused by, contributed to by, in connection with or arising from any event or occurrence, or acts, errors or omissions committed or alleged to have been committed prior to the retroactive date.

WAIVER OF RIGHTS OF SUBROGATION

The policy excludes indemnity for any claim arising indirectly or directly, or in any way connected with any liability for which the insured has foregone, excluded or limited a right of recovery against any party.

MATERIAL CHANGE

The policy provides that the insured must notify Underwriters within thirty (30) days of any material change in the nature of the business or any material change to the risk during the period of insurance.

POLICY CANCELLATION

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

GENERAL INSURANCE CODE OF PRACTICE

ProRisk and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au.

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.

MEDICAL MALPRACTICE COMBINED LIABILITY INSURANCE MEDICAL AND ALLIED HEALTH ESTABLISHMENTS PROPOSAL

IMPORTANT NOTICE:

- This Proposal is for a medical malpractice, public liability and professional liability policy issued on a claims made and notified basis.
- Please answer all questions in full. Where appropriate, please tick the yes or no box which 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 DETAILS

1. Full name of the individual(s) or entities to be insured, including service companies and subsidiaries:

2. ABN: _____ 3. Web Address: _____

4. Principal address: _____

5. Other business locations: _____

6. How long has the business been operated by the current owner(s): _____

7. Names and qualifications of principals and management staff:

Name and Title	Age	Qualifications	Date Qualified

8. Is the applicant duly licensed to practice at the addresses stated at Questions 4 and 5? Yes No

9. (a) Has the name of the business ever been changed? Yes No

(b) Has any other business amalgamated or merged with the business? Yes No

(c) Has the applicant purchased any other business? Yes No

If Yes, to 9(a), (b) or (c), please provide details:

10. Please list the professional bodies or associations of which the applicant is a member:

BUSINESS DETAILS

11. What is the professional nature of the applicant's business?

12. Please state the total numbers of employees in each of the following classifications:

*Allied Health (specify)		Midwives	
Anaesthetists		Pharmacists	
Attendant Carers		Registered Nurses	
Clerical/Administrative		Surgeons	
Doctors		Undergraduates/students	
Enrolled Nurses		X-Ray Technicians	
Interns		*Other Medical (specify)	
Laboratory Technicians		Total:	

Allied Health/Other Medical: _____

13. Please state the approximate division of patients between:

AIDS/HIV	%	Mental Health	%
Alcohol/drug dependency	%	Obstetrics/Maternity	%
Allied Health Therapy	%	Oncology	%
Casualty/Emergency	%	Paediatric	%
Communicable	%	Palliative	%
Day Surgery	%	Senile or Aged	%
Elective Cosmetic	%	Surgical	%
Elective Terminations	%	*Other (specify)	%
General/Medical	%	Total	%

Other: _____

14. Please state the number of beds maintained:

Emergency Ward Beds	
Day Surgery Beds	
Maternity Beds	
Nursing Home Beds	
Other Hospital Beds	
Self Care Units	
*Other (specify)	
Total:	

Other: _____

15. Please state the approximate annual occupancy rate of all beds for the last financial year: _____ %

16. Does the applicant provide radium or other radioactive treatments?
If yes, please provide details, including details of staff performing the treatments: Yes No

17. Does the applicant have any teaching facilities? Yes No
If yes, provide details: _____

18. Does the applicant maintain accurate descriptive records of all medical, clinical or therapeutic services rendered?
 Yes No

19. Does the applicant have medical practitioners who work for or in the business or in connection with the business?
 Yes No

If Yes, does the applicant ensure that all medical practitioners who work for or in the business or in connection with the business are:

(a) duly licensed and registered to practice in their specific field? Yes No

(b) fully insured under their own insurance for their own malpractice and negligence? Yes No

20. Does the applicant envisage any substantial changes in its activities, or any significant new developments within the next 12 months?
If Yes, please provide details: Yes No

21. Does the applicant perform work outside of Australia, or work for clients located overseas?
If Yes, please provide details: Yes No

INCOME DETAILS

22. **Gross income:**

	Australia	Overseas
This financial year (est)	\$	\$
Last financial year	\$	\$

23. For the last financial year, please provide a breakdown of gross income by State:

NSW	%	VIC	%	QLD	%	SA	%	WA	%
TAS	%	NT	%	ACT	%	O/S	%	Total	%

CLAIMS DETAILS:

24. During the past 10 years has any claim been made for medical malpractice, public liability or professional liability against the applicant, the business, or any of the current or former principals, or have any circumstances been notified to insurers that might give rise to a claim?

If **yes**, please provide details: Yes No

Date	Insurer	Claimant	Description	Amount Paid or Reserved	Open or Finalised

25. After making appropriate enquiries, are there any facts or circumstances of which the applicant is aware that may give rise to a claim against the applicant or its current or former principals that is not referred to in answer to the previous question?

If **yes**, please provide details: Yes No

26. After enquiry, has any principal or employee ever been subject to disciplinary proceedings for professional misconduct?

If **Yes**, please provide details: Yes No

INSURANCE HISTORY:

27. Is the applicant currently insured for:

(a) Medical Malpractice? Yes No

(b) Public Liability? Yes No

If **Yes to 27(a) and/or (b)**, please provide details:

Insurance	Insurer	Limit	Excess	Expiry	Premium
Medical Malpractice					
Public Liability					

28. Has the applicant ever had an insurer:

(a) Decline a proposal?

Yes

No

(b) Impose special terms?

Yes

No

(c) Decline to renew insurance?

Yes

No

(d) Cancel insurance?

Yes

No

If Yes to any of 28(a) to (d), please provide details:

OPTIONAL EXTENSIONS:

Joint Ventures

29. Does the applicant require cover for its proportion of liability for its conduct in a joint venture?

If Yes, please provide details, including activities and estimated fee income from the joint venture:

Yes

No

Principal's prior business

30. Does the applicant require cover for a principal's prior business?

If Yes:

Yes

No

(a) State the full name and ABN of the principal's prior business:

(c) Please provide details of the services provided by the principal's prior business:

(d) Is the applicant aware of any circumstances that might give rise to a claim against the principal(s) for their conduct of the prior business?

If Yes, please provide details:

Yes

No

(e) Has the principal's prior business ever been under external administration or insolvent?

Yes

No

COVERAGE:

31. Public Liability

(a) This Policy can include public liability cover on a claims made basis with a shared limit of indemnity. Does the applicant require the quotation to include cover for public liability on a claims made basis with a shared limit of indemnity?

Yes No

(b) **Alternatively to (a)**, does the applicant require a quotation for stand alone public liability insurance on an occurrence basis? If Yes, please complete the attached Public Liability Addendum.

Yes No

Limit of Indemnity

32. Please indicate the medical malpractice combined liability policy quotation option(s) required:

\$1 million \$2 million \$5 million \$10 million Other _____

DECLARATION: After making appropriate enquiries, I declare that:

- I am authorised on behalf of the applicant to make 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 have read and understood this Proposal and I confirm that the contents 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:

PUBLIC AND PRODUCTS LIABILITY (Occurrence Based) ADDENDUM

Important Notice: Complete this Addendum only if you require a quotation for Public and Products Liability Insurance on an occurrence basis

APPLICANT DETAILS:

1. Full name(s) of all individuals and entities to be insured, including service companies and subsidiaries:

PUBLIC AND PRODUCTS LIABILITY CLAIMS DETAILS:

2. Please provide details of all public and products liability claims made against the Applicant or uninsured losses incurred in the last seven years:

Year	Insurer	Paid	Outstanding	Total Incurred	Description

3. Has the Applicant had any incidents or accidents occur which would have been covered by the proposed insurance?

If Yes, please provide details:

Yes No

COVERAGE:

4. Please advise the limit of indemnity required:

\$5 million \$10 million \$20 million Other _____

DECLARATION: After making appropriate enquiries, I declare that:

- I am authorised on behalf of the applicant to make this Addendum.
- I have read and understood the Important Notices accompanying the Proposal and this Addendum.
- 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 have read and understood the Proposal and this Addendum and I confirm that the contents 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 the Proposal or the Addendum.
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract.

Signature:

Name:

Position:

Date:
