# Application for Insurance

## Health Professionals Insurance Plan

### IMPORTANT NOTICES

**WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' are not acceptable and will delay consideration of this proposal. If there is insufficient room to complete a question, please answer the question on a separate page and attach it to this application form. 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.

**Eligibility for this insurance**

This Professional Indemnity/Medical Malpractice and Liability Insurance Application is for individual health practitioners only and, if applicable, their employees acting in an administration support role (i.e., non-health professional). Cover is not provided to other employees or contractors in your practise. Professional Liability, Legal and Disciplinary Defence Costs and Loss of Earnings During Hearing/Enquiry Cover is provided for a wide range of modalities.

**Duty of Disclosure**

You have a duty to disclose all information that You may have that will be material to the risk You wish to insure. The duty to disclose all information that is material is an ongoing duty. Information that is material includes any information that would influence the decision of a prudent insurer to decide whether to accept the risk (provide you with insurance) and if so, the terms that will apply including the premium, limitations of cover, excess or any other special requirements.

**Notes**

1. The premium for the Health Professionals Insurance Plan is inclusive of GST and an administration fee.
2. This Insurance is Underwritten by Vero Liability Insurance Limited. "AA-" Insurer. Financial strength Rating by Standard & Poor's (SP Global Ratings).

## Part A: General Information

**Applicant Name:**

Please include any company or trading name if applicable

**Postal Address:**

**Postcode:**

**Email:**

**Website:**

**Contact Numbers:**

**Qualifications:**
Please list your relevant qualifications and when you obtained them:

| Qualifications | Date |
|---|---|
| | |
| | |

**Professional Bodies or Associations:**
Please list the relevant Professional Bodies or Associations of which you are a member:

| Professional Bodies / Associations |
|---|
| |

**Animals**

Do you treat or practise on animals? Yes ☐ No ☐

**Note:** as of 1 May 2026, if the treatment of animals comprises more than 50% of your total practice, you will not fit under the Health Professionals scheme. Please contact us for further information.

**Number of People in your Practice:**
Please provide the number of people that work for you in your Practice

| (a) Partners/Directors | (b) Non-technical Admin Staff | (c)Qualified Staff (Health Professionals) | (d) Contractors |
|---|---|---|---|
| | | | |

If you employ Qualified Health Professionals or have Health Professional Contractors, do you require them to hold their own insurance? Yes ☐ No ☐

**Note:** This insurance application does not include cover for other qualified partners/directors/staff or contractors. Each partner/director/staff member or contractor requires their own individual professional indemnity malpractice cover. This insurance application only applies to you.

## Part B: Modalities

**Please select all the modalities in which you work:**
The premium for the Health Professionals Insurance Plan includes GST and Aon's administration fee of $200 +GST.

### CATEGORY A1
**Occupations covered by Category A1 – Annual Premium: $661.25**
**Excess $1,000**

- ☐ Addiction Counsellor (DAPAANZ)
- ☐ Anatomy Trains Structural Integration
- ☐ Art Psychotherapist (ANZACATA)
- ☐ Art Therapist (ANZACATA)
- ☐ Ashati
- ☐ Audio Metrist
- ☐ Baby Sleep Consultant
- ☐ Bioenergy Therapist
- ☐ Buteyko Breathing
- ☐ Chakra Counselling
- ☐ Charge Medical Radiation Technologist
- ☐ Clinical Art Therapist (ANZACATA)
- ☐ Clinical Dental Technician
- ☐ Craniosacral Therapist
- ☐ Dance Therapist (DTNZ)
- ☐ Dietitian
- ☐ Dispensing Optician
- ☐ Doula (ELDAA)
- ☐ Dental Hygienist
- ☐ Emotional Freedom Techniques Practitioner
- ☐ Energy Healer
- ☐ Esoteric Healing Practitioner
- ☐ Feldenkrais Method
- ☐ Hanna Somatic Movement
- ☐ Healing Touch Practitioner
- ☐ Health Care Assistant (NZCMHN)
- ☐ Health Coach
- ☐ Holistic Bodywork Practitioner
- ☐ Indian Head Massage
- ☐ Kinesiology
- ☐ Lactation Consultants
- ☐ Lighting Process Practitioner
- ☐ Lymphatic Drainage Therapy
- ☐ Lymphoedema Therapist
- ☐ Vaccinating Health Worker
- ☐ Magnetic Resonance Imaging Technologist
- ☐ Massage Therapist (MNZ)
- ☐ Medical Laboratory Technologist
- ☐ Medical Imaging Technologist (NZIMRT)
- ☐ Medical Radiation Therapist (NZIMRT)
- ☐ Melanographer
- ☐ Mental Health Nurse (NZCMHN)
- ☐ Neuromuscular Therapist
- ☐ Nordic Walking Technique
- ☐ Nurse (NZCMHN)
- ☐ Nutritionist
- ☐ Occupational Health Nurse
- ☐ Occupational Therapist
- ☐ Phlebotomist
- ☐ Podiatrist
- ☐ Postural Alignment Specialist (no manipulation)
- ☐ Practice Nurse (NZCMHN)
- ☐ Radiation Technician (NZIMRT)
- ☐ Radiographer
- ☐ Radiologist Assistant
- ☐ Reflexologist
- ☐ Registered Music Therapist (MTNZ)
- ☐ Registered Nurse (NZCMHN)
- ☐ Reiki
- ☐ Relaxation Massage
- ☐ Shiatsu
- ☐ Somatic Movement Therapy
- ☐ Sonographer
- ☐ Speech Language Therapist (not NZSLT)
- ☐ Sports Nutritionist
- ☐ Theatre Nurse (NZCMHN)
- ☐ Tibetan Sound Therapy
- ☐ Ultra Sonographer
- ☐ Vibrational & Sound Practitioner

☐ Māori Traditional Healing – Rongoa Māori (Te Kahui Rongoa) Premium: $661.25 incl GST and Admin fee

Please enter your Te Kahui Rongoa membership number ☐

### CATEGORY A1i
**Occupations covered by Category A1i – Annual Premium: $575**
**Excess $1,000**

- ☐ Speech Language Therapist (NZSLT)

## Part B: Modalities *continued*

**Please select all the modalities in which you work:**
The premium for the Health Professionals Insurance Plan includes GST and Aon's administration fee of $200 +GST.

### CATEGORY A2
**Occupations covered by Category A2 – Annual Premium: $718.75**
**Excess $1,000**

- ☐ Addiction Counsellor (not DAPAANZ)
- ☐ Art Psychotherapist (not ANZACATA)
- ☐ Art Therapist (not ANZACATA)
- ☐ Athlete Life Advisor
- ☐ Baby Carrying/Baby Wearing Consultant
- ☐ Beauty Therapist (Appearance Nurse) excl Botox
- ☐ Behaviour Therapist
- ☐ Biomesotherapy
- ☐ Clinical Art Therapist (not ANZACATA)
- ☐ Clinical Exercise Physiology
- ☐ Clinical Hypnotherapist
- ☐ Counsellor
- ☐ Dance Therapist (not DTNZ)
- ☐ Doula (not ELDAA)
- ☐ Functional Medical Coaching
- ☐ Health Care Assistant
- ☐ Inclusion & Diversity
- ☐ Journey Therapist
- ☐ Life Coach
- ☐ Māori Traditional Healing – Rongoa Māori (not Te Kahui)
- ☐ Massage Therapist (not MNZ)
- ☐ Matrescence Therapist
- ☐ Medical Imaging Technologist (not NZIMRT)
- ☐ Medical Radiation Therapist (not NZIMRT)
- ☐ Oral Health Therapist
- ☐ Chinese Massage Therapist/Tui Na
- ☐ Medical Scientist
- ☐ Mental Health Nurse (not NZCMHN)
- ☐ Music Therapist (not MTNZ)
- ☐ Myofascial Release Instructor
- ☐ Neuro Semantics Trainer
- ☐ Neurolinguistic Therapy
- ☐ Nuclear Medicine Technologist
- ☐ Nurse (not NZCMHN)
- ☐ Occupational Health & Safety Consultant
- ☐ Orthotists
- ☐ Parental Coaching
- ☐ Pilates Coach/Gentle Exercise Instructor
- ☐ Play Therapist
- ☐ Practice Nurse (non NZCMHN)
- ☐ Qigong
- ☐ Radiation Technician (not NZIMRT)
- ☐ Rapid Transformation Therapy
- ☐ Social Worker Sports Scientist
- ☐ Tai Chi
- ☐ Theatre Nurse (not NZCMHN)
- ☐ Violence Prevention Co-ordinator
- ☐ Yoga
- ☐ Therapeutic Hyperbaric Oxygen Therapy
- ☐ Narrative Interactive Drawing Therapy
- ☐ Cognitive Behaviour Therapy (CBT)

### CATEGORY A2i
**Occupations covered by Category A2i – Premium: $747.50**
**Excess: $1,000**

- ☐ Acupuncturist
- ☐ Aromatherapist
- ☐ Psychotherapist

### CATEGORY A3
**Occupations covered by Category A3 – Premium: $828.00**
**Excess: $1,000**

- ☐ Anaesthetic Technician
- ☐ Audiologist
- ☐ Health Improvement Practitioner
- ☐ Medical Physicists and Engineers
  excl claims arising from owners of equipment and other users
- ☐ Personal Trainer
- ☐ Psychologist
- ☐ Extra Corporeal Shock Wave Lithotripsy
- ☐ Rehabilitation Coach

### CATEGORY A3i
**Occupations covered by Category A3i – Premium: $977.50, Excess: $1,000**

- ☐ Hijama Cupping/ Cupping Therapist
- ☐ Holistic Pelvic Care
- ☐ Hydro Colon Care
- ☐ Laser Therapy Treatment
  pain relief, tattoo or skin and hair removal without Botox
- ☐ Physiotherapist

## Part B: Modalities *continued*

**Please select all the modalities in which you work:**
The premium for the Health Professionals Insurance Plan for Category A5 (Membership) includes GST and Aon's administration fee. This fee is $200 + GST.

### CATEGORY A5

**Occupations covered by Category A5**
**With Membership Annual Premium: $575.00, Excess $1,000**
**Without Membership Annual Premium: $690.00, Excess: $1,000**

- ☐ Bowen Therapist (BTNZ Member)
- ☐ Bowen Therapist (Non BTNZ Member)
- ☐ Homeopath (NZCH Member)
- ☐ Homeopath (Non NZCH Member)
- ☐ Naturopath/Naturopath & Medical Herbalist (NMHNZ Member)
- ☐ Naturopath/Naturopath Medical Herbalist & (Non NMHNZ Member)
- ☐ Medical Herbalist (NZAMH Member)
- ☐ Medical Herbalist (Non NZAMH Member)

### CATEGORY A6

**Occupations covered by Category A6 – Premium: $839.50**
**Excess: $2,500**

- ☐ Physician Associates

### OTHER

**If one or more of the modalities in which you work do not appear in any of the above Categories A1-A6, please select "Other", below and list the applicable modalities.**

☐ Other

Please list other modalitites:

**Important:**

1. If you require cover to treat animals, please advise us on page 1 of this form or in your covering email, as an additional premium, starting at $115, will apply. We will confirm this with you after the underwriter has reviewed your proposal.
2. If you have 2 modalities, the highest of the applicable premiums will apply.
   From 1 May 2026, if you have 3-5 modalities, there will be additional fee of $150 + GST.
   From 1 May 2026, if you have more than 5 modalities, this will need to be referred to the insurer.

## Part C: Summary of Cover

**The Health Professionals Insurance Plan provides the following:**

**1. Professional Liability:**
Professional indemnity and medical malpractice arising from your negligence in performing your modality. Covering your legal liability to pay compensation or damages and the costs incurred for your legal fees.

| Limit of Liability per claim | Maximum all claims during policy period | Excess |
|---|---|---|
| $500,000 | $1,000,000 | $1,000 |

**2. Legal and Disciplinary Defence Costs:**
This covers legal costs and expenses incurred in the defence of any action or enquiry brought against you such as Medical Disciplinary Hearings, Committees of Inquiry, Courts Martial, ACC Inquiries, Privacy Complaints Tribunal, Coroners Courts, and the like.

| Limit of Liability per claim | Maximum all claims during policy period | Excess |
|---|---|---|
| $500,000 | $1,000,000 | ** |

**3. Loss of Earnings:**
This covers the costs incurred if you have to attend a Court of Inquiry because of a claim against you

| Policy Pays per Week | Maximum period | Excess |
|---|---|---|
| $1,000 | 13 weeks | ** |

** Your policy will now carry an excess which is inclusive of costs and expenses.

## Part D: Optional Insurance Cover

Please complete this section only if you require the following additional policies.

1. **General Public Liability:**
   Third party bodily injury or property damage

| Options | Limit of Liability | Annual Premium | |
|---|---|---|---|
| Option 1 | $1,000,000 | $150 + GST | ☐ |
| Option 2 | $5,000,000 | $350 + GST | ☐ |

2. **Statutory Liability:**
   Defence costs and certain fines and penalties cover

| Options | Limit of Liability | Annual Premium | |
|---|---|---|---|
| Option 1 | $500,000 | $150 + GST | ☐ |
| Option 2 | $1,000,000 | $200 + GST | ☐ |

**N.B.** Subject to Insurer's review of this Insurance Application.

***CYBER LIABLITY INSURANCE IS NOW AVAILABLE FOR HEALTH PROFESSIONAL. PLESAE CONTACT US FOR FURTHER INFORMATION***

## Part E: Insurance History

1. Do you currently have a Professional Indemnity/Medical Malpractice insurance policy? Yes ☐ No ☐

   If you answered **yes**, please provide a copy of your current policy schedule.

   If you answered **no**, please provide the date you began practice: Date:
   **N.B.** this application may not cover you for your practice prior to the date this policy commences.

2. Has **any** Insurer declined a proposal for Professional Indemnity/Medical Malpractice Insurance; required an increased premium or imposed special terms; declined to renew the insurance; or cancelled the insurance? Yes ☐ No ☐

   If you answered **yes**, please provide details:

3. Have you ever been the subject of any claim or complaint for medical malpractice, negligence, error or omission, or has there been any disciplinary proceedings or inquiry (include current inquiries) in connection with the standard of care provided by you? Yes ☐ No ☐

   If you answered **yes**, please provide details:

4. Are you aware of any circumstances which may give rise to a claim or complaint being made against you? Yes ☐ No ☐

   If you answered **yes**, please provide details:

## Part F Declaration/Acknowledgement

**I declare that:**

1. Subject to any rights I have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Aon.
2. This Proposal shall be the basis of the contract between the Insurers and I; and I am willing to accept cover subject to Insurers' policy terms, conditions, exclusions and any special terms they may require.
3. This policy is issued for a 12-month period. The insurer does not permit mid-term cancellations with return of premium. You may cancel the policy during the term; however, no refund of premium will be provided as per insurer cancellation rate. Keeping the policy in force for the full 12 months means that, even if you stop working mid-term, cover will remain in place and can still respond to eligible claims up until the expiry date of the policy. If you choose to pay via premium funding (monthly installment), this does not change the policy term. The policy remains a 12-month contract, and you are required to complete the full payment plan.

**I authorise:**

4. Aon to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party, any information relating to this or any other insurance held or previously held by me and any claim(s) made by me.
5. Aon to use my personal information to advise me of Aon's products and/or services.

**I agree:**

6. To Aon disclosing personal information to third parties such as insurers who may be located outside of New Zealand and who may not be subject to data protection laws that are comparable to those in New Zealand.

**I confirm:**

7. That I have obtained the consent of any other person whose personal information I provide to Aon as part of this application or under any resulting policy or claim, to disclose their personal information to third parties such as insurers who may be located outside of New Zealand, having advised them that those third parties may not be subject to comparable data protection laws to those in New Zealand.
8. That I have read the Important Information and Terms of Business as mentioned in the below section.

**I undertake:**

9. To inform Aon immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Please ensure you read the above Declaration and sign below.

Please note: Signing this form does not bind the Firm or the Insurers to complete the insurance.

Signature _____ Date

Place Your Signature Here
Click on "E-Sign" on the top toolbar

If you unable to sign the signature,
please type your name above

Payment Option:

☐ Credit Card Payment ☐ Internet Banking Payment ☐ Premium Funding
(Monthly Installment - Interest Apply)

**Please email your completed proposal form to nz.hp@aon.com**

**ABOUT AON**

Aon is a leading provider of insurance and risk services. It is part of the Aon Group, which is a global leader in the design and provision of insurance, reinsurance, risk and employee benefit services.

Aon is a Financial Advice Provider (FSP16841) and holds a licence issued by the Financial Markets Authority to provide a financial advice service. Aon receives remuneration from the underwriter and charge you an administration fee. These charges are included in the premiums shown. References to other documents.

As your insurance broker, we want to draw your attention to important matters relating to your insurance. A copy of our important notices document can be found at: www.aon.co.nz/AonNZ/media/Terms-of-Business/Aon-Important-Notices.pdf.

Our relationship with you is governed by our terms of business. A copy of our terms can be found at: www.aon.co.nz/About-Aon/Terms-of-Business