Application for Insurance

Medical Practitioners Insurance Plan

AON

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/Inquiry 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.

Part A: General Information

Applicant Name:

Please include any company or trading name if applicable

Postal Address:

Postcode:

Email:

Contact Numbers:

Website:

Profession and Scope:

Premium based on Modalities - Please select the Category of your **modalities(Below) -Premiums include an administration fee $200 and GST.**

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

Category for Medical Practitioners	Policy Excess Each & Every Claim	Annual Premium***	Professional Indemnity only
Registered Medical Officers (RMO)	$2,500	$569.25 incl GST	☐
Dentist	$5,000	$1,081.00 incl GST	☐
Doctor of Traditional Chinese Medicine	$5,000	$1,380.00 incl GST	☐
Chiropractor	$2,500	$1,380.00 incl GST	☐
Osteopath	$2,500	$1,380.00 incl GST	☐
Optometrist	$2,500	$1,380.00 incl GST	☐
Orthodontist	$2,500	$1,380.00 incl GST	☐
Paramedic	$2,500	$1,380.00 incl GST	☐
Perfusionist	$5,000	$1,380.00incl GST	☐
Psychiatrist	$2,500	$1,449.00 incl GST	☐
Pathologist	$5,000	$1,449.00 incl GST	☐
Radiologist	$2,500	$1,449.00 incl GST	☐

Category:If you perform any activities outside of this modality, please list them here

Qualifications:

Please list your 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 ☐

If you answered yes to the above, please list the types of animals being treated:

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

(a) Partners/Directors	(b) Non-technical Admin Staff	(c) Qualified Staff (Employed 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 ☐

N.B. 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: Summary of Cover

The Medical Practitioners Insurance Plan applies only in New Zealand, and provides the following:

1. Professional Liability:
Professional indemnity and medical malpractice arising from your negligence in practice. 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
$2,000,000	$2,000,000	*

2. Legal and Disciplinary Defence Costs:
This covers legal costs and expenses incurred in the defence of any action or inquiry 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
$1,000,000	$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 day/Part-day	Maximum any one claim and in the policy year	Excess
$1,000 (75% of earnings whichever is less)	$20,000	*

*Your policy will now carry a policy excess as noted in the table over page.

This Insurance is Underwritten by Vero Liability Insurance Limited. "AA-" Insurer. Financial strength Rating by Standard & Poor's (SP Global Ratings).

Part C: 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
** Premiums include an administration fee.

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

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

Options	Limit of Liability	Annual Premium	
Option 1	$1,000,000	$150 + GST**	☐
Option 2	$5,000,000	$350 + GST**	☐
Options	**Limit of Liability**	**Annual Premium**	
Option 1	$500,000	$150 + GST**	☐
Option 2	$1,000,000	$200 + GST**	☐

Part D: 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. Attached ☐

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

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 ☐

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 E: 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:

3. 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.
4. Aon to use my personal information to advise me of Aon's products and/or services.

I agree:

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:

5. 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.
6. That I have read the Important Info rmation and Terms of Business as mentioned in the previous section.

I undertake:

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

Payment Option:

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

Please ensure you read and sign this Declaration.

Signature of this form does not bind the Firm or the Insurers to complete the insurance.

Signature _____ Date _____

Place Your Signature Above
Click on "E-Sign" found at
the top toolbar

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

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.