



MGA Insurance Brokers Pty Ltd arranges the insurance.



Vero Insurance Limited  
ABN 48 005 297 807  
Issues the Insurance

# Nursing Agencies

## Professional Indemnity and Public and Products Liability Insurance Proposal form

### Important Facts Relating To This Proposal Form

You should read the following advice before proceeding to complete this proposal form.

#### 1. Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, 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 insurance, and if so, on 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 any 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 his business, ought to know;
- ▼ as to which compliance with your duty 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, refuse to pay the 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.

#### 2. Claims Made and Notified Basis of Coverage

The Professional Indemnity Insurance Policy is issued on a 'Claims made and Notified' basis.

This means that the Insuring Clause responds to:

- (a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and:
- (b) written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to policy's period of cover has expired. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, S40(3) of the Insurance Contracts Act 1984 is set out below;

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to 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."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

#### 3. Retroactive Date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

#### 4. Subrogation Waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

### **Vero is a member of the Suncorp Group.**

The Privacy Act 1988 (Cth) requires us to inform you that:

#### **Purpose of collection**

Personal information is information about an identifiable individual and includes facts or an opinion about you which identifies you or by which your identity can be reasonably determined. The collection of your personal information is essential to enable us to conduct our business of offering and providing you with our range of financial products and services.

We collect personal information for the purposes of:

- ▼ identifying you when you do business with us;
- ▼ protecting your personal information from unauthorised access;
- ▼ establishing your requirements and providing the appropriate product or service including evaluating your application for insurance and any request for amendment to any insurance provided;
- ▼ setting up, issuing, administering and managing the insurance following acceptance of an application;
- ▼ assessing and investigating, and if covered, managing a claim made in relation to any insurance you have with us or other companies within the Suncorp Group; and
- ▼ understanding your needs and improving our financial products and services, including training and developing our staff and representatives.

#### **Consequences if personal information is not provided**

If we request personal information about you and you do not provide it, we may not be able to provide you with the insurance product you request, manage or pay any claim under an insurance policy or provide you with the full range of services we offer.

#### **Disclosure**

We use and disclose your personal information for the purposes we collected it.

We may also use and disclose your personal information for a secondary purpose related to the purpose for which we collected it, where you would reasonably expect us to use or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purpose of collection.

When necessary and in connection with purposes listed above, we may disclose your personal information to and/or collect your personal information from:

- ▼ other companies within the Suncorp group;
- ▼ where required or authorised under our relationship with our joint venture companies;
- ▼ information technology providers, including hardware and software vendors and consultants such as programmers;
- ▼ customer research organisations;
- ▼ intermediaries including your agent, adviser, a broker, a representative acting on your behalf, other Australian Financial Services Licensee or our authorised representatives and our agents;
- ▼ accounting or finance specialists;
- ▼ government, law enforcement or statutory bodies;
- ▼ other insurers, reinsurers, financial institutions, insurance and claims reference agencies, credit agencies, loss assessors, financiers or investigative service providers;
- ▼ hospitals, medical and health professionals;
- ▼ legal and other professional advisers;
- ▼ printers and mail service and delivery providers for the mailing of statements, insurance policy documents and marketing material;
- ▼ imaging and document management services.

#### **Disclosure overseas**

There are also instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- ▼ sending your personal information to companies in the Suncorp group;
- ▼ when you have asked us to do so;
- ▼ when we are authorised or required by law to do so;
- ▼ when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- ▼ certain electronic transactions; or
- ▼ when it is necessary in order to facilitate a transaction on your behalf.

We will only send your personal information overseas or collect personal information about you from overseas for the purposes in this statement and in compliance with the privacy regime.

## Access

You can request access to the personal information we hold about you by contacting us.

In some circumstances, we are able to deny your request for access to personal information. If we deny your request for access, we will tell you why.

If accessing your personal information will take an extended period of time, we will inform you of the likely delay. For more detailed requests for access to personal information, for example, access to information held in archives, a fee may be charged to cover the associated cost of retrieval and supplying this information.

## Marketing

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from Suncorp. Generally, our companies in the Suncorp group will use and disclose your personal information for Suncorp's marketing purposes.

If you do not want us to use and disclose your personal information for the purpose of marketing products and services to you, you should contact us and tell us.

## Contact

Please contact us to:

- ▼ change your mind at any time about receiving marketing material;
- ▼ request access to the personal information we hold about you; or
- ▼ obtain more information about our privacy practices by asking for a copy of our Privacy Policy;

Our Privacy Policy can also be found on our website at [www.vero.com.au](http://www.vero.com.au)

## 6. General Insurance Code of Practice

We support and adhere to the General Insurance Code of Practice. By incorporating these standards into our business, we are committed to providing the highest level of service to our customers, every time. Access a copy of the Code at <http://www.codeofpractice.com.au/> or alternatively, contact the Insurance Council of Australia on 9253 5100.

## 7. Our Complaints Handling Procedures

### Resolving your complaints

If you think we have let you down in any way, or our service is not what you expect (even if through one of our agents or representatives), please tell us so we can help. You can tell us by phone, in writing or in person.

Should you tell us in writing it will help to send us the full details of your complaint together with any supporting documents and an explanation of what you want us to do. If you would like to come in to talk to us face to face, please call and we will arrange an appointment for a meeting.

### What we will do to resolve your complaint

When you first let us know about your complaint or concern the person trying to resolve your complaint will listen to you, consider the facts and contact you to resolve your complaint as soon as possible, usually within 24 hours.

If you are not satisfied with this person's decision on your complaint, then it will be referred to the relevant Operational Manager, who will contact you within 5 working days.

Should you not be satisfied with the Operational Manager's decision, then it will be referred to the General Manager (or their delegate). We will send you our final decision within 15 working days from the date you first made your complaint.

### What if you are not satisfied with our final decision?

We expect our procedures will deal fairly and promptly with your complaint. However if you are not satisfied with our final decision there are external dispute remedies such as mediation, arbitration or legal action.

## 8. Broker acting as Agent for Insurer

In effecting this contract of insurance, MGA Insurance Brokers Pty Ltd ABN 29 008 096 277, will be acting under an authority given to it by the insurer, Vero Insurance Limited ABN 48 005 297 807 (Vero). MGA Insurance Brokers Pty Ltd will be acting as agent of Vero and not of the Insured.

## 9. Guidelines to help you complete this Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Proposal Form.

Reference to Proposer in this Proposal Form means:

- ▼ the entity and all subsidiary entities for whom cover is required
- ▼ the past and/or present employees or principals of the entity and all subsidiary entities for whom cover is required; and
- ▼ the directors of the entity and all subsidiary entities for whom cover is required.

**Section 1 – Details of the Proposer**

1. Name of Proposer and ABN (include all subsidiary companies for whom cover is required)

\_\_\_\_\_  
 \_\_\_\_\_

ABN:

2. Telephone Number  ( )  Fax Number  ( )   
 Email Address  Web Address

3. Address of Principal Office  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Address(es) of Branch Office(s)  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Date Business Commenced  /  /   
 If the business is less than five years old then please attach details of the principals', directors' or partners' relevant experience or resumes.

6. Please give FULL details of all professional services provided and, where applicable, of any intended change in these.  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has the Proposer been engaged in or likely to start engaging in any other Professional service or activity other than described above? Yes  No   
 If yes, please provide details  
 \_\_\_\_\_

8. Name of all principals, directors, partners or consultants (last being persons under contract for services with the Proposer)	Age	Qualifications	Date Qualified	How long practising as principal, director, partner or consultant Proposer/Previous Business?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

9. Numbers of Principals and employees	Full Time	Part Time	Full Time Equivalent
Directors, Partners, Principals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enrolled Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nursing Assistants/Personal Carers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administration/other staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total all Staff</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Has the Proposer been involved in any mergers or acquisitions in the last five years? Yes  No

If yes, please provide details



11. Has the Proposer been involved in any joint ventures in the last five years? Yes  No

If yes, please provide details



12. Is the Proposer required to be licensed or accredited in order to practice the professional services for which cover is being requested? Yes  No

If yes, has the license or accreditation been in force at all relevant times? Yes  No

If no, please provide details



13. Is the Proposer represented in any way outside Australia? Yes  No

If yes, please state Country, Fee/Turnover, Number of Staff and Number of Offices.

Country	Fee/Turnover	No. of Staff	No. of Offices
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

14. Please state gross turnover for the insured entity.

	Previous Financial Year	Current Financial Year	Forthcoming Financial Year
(a) Total turnover (including wages and fees) for the supply of permanent employees	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
(b) Total turnover (including wages and fees) for the supply of contract staff	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Total of a) and b) above</b>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

15. Does the Proposer always carry out vetting procedures on the personnel provided? (i.e Police checks, Reference Checks etc) Yes  No

16. Please advise if the nurses/carers provided undertake the following activities:

- (a) Laser Hair Removal or other laser therapy services Yes  No
- (b) Pap Smears Yes  No
- (c) Breast Exams Yes  No
- (d) Midwifery Activities Yes  No
- (e) Fertility Treatment Yes  No
- (e) Botox and/or other related cosmetic services Yes  No

17. Does the business or any principal/partner/director act on behalf of, or undertake professional services for any firm, company or organisation in which the Proposer or any principal/partner/director has a financial interest of 20% or more of the company and/or board representation on that firm, company or organisation?

If yes, please provide the name of the company and details of the type of professional services conducted for that firm, company or organisation.



18. Does the Proposer use any brochures, written agreements or conditions of contract in connection with the professional services? Yes  No

If yes, please attach copies.

19. Has the Proposer any other Professional Indemnity Insurance in force? Yes  No

If yes state:

Name of Insurer	<input type="text"/>	Policy Number	<input type="text"/>
Renewal Date	<input type="text" value="/ /"/>	Limit of Indemnity	<input type="text"/>
Retroactive Date	<input type="text" value="/ /"/>		

**Section 2 – General Details**

1. Has any insurer, in respect of the risks to which this proposal relates, ever:
- (a) declined a proposal, refused renewal or terminated an insurance? Yes  No
  - (b) required an increased premium or imposed special conditions? Yes  No
  - (c) declined an insurance claim by the Proposer or reduced its liability to pay an insurance claim in full (other than be application of an excess)? Yes  No

If yes in either case, please give details.

  


2. (a) Has any claim been made against the Proposer or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates? Yes  No
- (b) Has the Proposer or any principal/partner/director/consultant or employee incurred any other loss or expense which might be within the terms of cover? Yes  No

If yes in either case, please give details.

Date of Claim or Loss	Brief Details of each Claim or Loss	Cost (if any) of Claim Paid or Loss Incurred	Estimated Outstanding Loss
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>

3. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?
- 
- 
- 

4. Is any principal, director, partner, consultant or employee, **after enquiry**, aware of any circumstances which might:
- (a) give rise to a claim against the Proposer or his/her predecessors in business or any of the present or former partners, principals, directors, consultants of employees? Yes  No
  - (b) result in the Proposer or his/her predecessors in business or any of the present or former partners, directors, consultants, employees, or principals incurring any losses or expenses which might be within the terms of this cover? Yes  No
  - (c) otherwise affect the Company's consideration of this Insurance? Yes  No

If yes to any, please give details, including maximum potential cost.

  


**It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage.**

**Section 3 – Insurance**

1. Stamp Duty Declaration – Please provide a breakdown in the number of employees by location as follows.

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Please state Limit of Indemnity required under this insurance

\$1,000,000       \$2,000,000       \$5,000,000       \$10,000,000       \$20,000,000

**Section 4 – Public and Products Liability**

**Important Note:**

Please note that this extension for public and products liability is offered on an "occurrence basis". This means that the Policy responds to Claims that occur during the policy period.

1. Have any claims ever been made against you, your predecessors in business or any of the present or past Partners or Directors in relation to Public and Products Liability Insurance? Yes  No

If Yes, please provide additional details in the space provided below. (Include such details as date occurred, nature of claim, whether finalised, total cost of claims and whether it remains outstanding or is finalised)

Three empty rectangular text boxes for providing details of claims.

2. Indicate the limit of indemnity required. \$10,000,000  \$20,000,000

3. Contractual liability:

Do you assume liability under contract or hold harmless? Yes  No

If yes, please provide details and attach copies of all agreements. Coverage will be provided only if specifically agreed by Vero Corporate Liability.

Three empty rectangular text boxes for providing contractual liability details.

4. Do you require office liability? Yes  No

**Declaration**

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Insured to sign this Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix. except where indicated to the contrary, I/we understand that any statement made in this Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x. I/we have read Vero's Privacy Statement on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.

Signed  Date  /  /   
Name of Partner(s) or Director(s)   
On Behalf of (Insert Name of Firm)

**What to do next?**

**Please send, fax or e-mail this proposal form to:**

David Millington  
MGA Insurance Brokers Pty Ltd  
176 Fullarton Road, Dulwich SA 5065  
Telephone: 08 8177 8302

Fax: (08) 8333 0318  
E-mail: david.millington@mga.com