



INDIVIDUAL NURSES PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY INSURANCE

PROPOSAL FORM

- Answer all questions, blanks and/or dashes, or answers 'known to underwriters or brokers' or 'N/A' are not acceptable & will delay consideration of this proposal.
- If there is insufficient room to complete a question, please attach a signed and dated addendum.
- 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.

Your Details

1. Name

Full legal name of each natural person, incorporated body to be insured as well as any unincorporated business or trading names.

a. Date(s) of commencement

<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"/>

b. Are you registered for GST purposes? No Yes What is your ABN?

2. Address

Principal Address

Telephone number Mobile number Email address

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Particulars of the proposer

Name	Age	Qualifications	Years Practising		Name of Previous Business Practices
			Current Business Practice	Previous Business Practice	
<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"/>

4. Are you a member in good standing of a professional association or society?

No Yes Please provide full particulars (where you are an incorporated body or partnership, particulars must be given of each Principal or partner).


Insurance History

5. Are you currently insured for professional indemnity?

No Yes Please complete the table below for the last 2 years.

Name of Insurer	Period Insured	Sum Insured	Excess
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

6. Has the Insured Entity ever had an insurer decline a proposal, decline to renew, cancel your insurance, or imposed special terms?

No Yes  Please provide full details below.

Your Professional Activities

7. Do you provide any of the following services?

- | | | | | |
|---|----|--------------------------|-----|--------------------------|
| a. Nursing Services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| b. Nursing & Education Services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| c. Nursing & Natural Therapy & Education Services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| d. Nursing & Counselling Services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| e. Nurse Practitioner | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| f. Nurse Perioperative Surgical Assistant | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| g. Other. Please describe below | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |


8. Do you perform any of the following activities/services on patients?

- | | | | | |
|---|----|--------------------------|-----|--------------------------|
| a. Pap smears | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| b. Breast examinations | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| c. Midwifery | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| d. Fertility treatment | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| e. Botox and/or other related cosmetic services | No | <input type="checkbox"/> | Yes | <input type="checkbox"/> |

If you have answered "Yes" to any of a. to e. above, please provide full details below.

Joint Ventures

9. Are you or any principal currently, and/or have you or any principal ever been a member of any Joint Venture?

No Yes  Please provide full particulars in respect of each such Joint Venture, including the description and nature of the Joint Venture. Additional information may be requested depending on the nature, size and type of Joint Venture.

Overseas Work (Outside Australia/New Zealand)

10. Have you ever undertaken, or are you likely to undertake, work overseas?

No Yes Please provide the following details of such work.

Country	Branch/Representation	Dates of Commencement/ Closure	Income p.a.	Type of Work
			\$	
			\$	

Fee Income

11. Please provide a percentage breakdown of where the fee income is earned by State or Territory.

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

Claim and Circumstances

12. Please answer the following questions.

- a. During the past 10 years has any claim been made, losses suffered, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any previous practices which have been identified in Questions 3. of this proposal and any former principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

No Yes Please give details.

Year Notified	Insurer	Claimant	Nature of Problem	Amount Paid and/or Outstanding
				\$
				\$

- b. Are there any circumstances not already notified to insurers which may give rise to a claim against or losses suffered, any entity or individual to be insured by this insurance (including any previous practices which have been identified in Questions 3. of this proposal and any former principals)?

No Yes Please give details.

Name of Practice and Principal	Claimant	Nature of Problem	Estimate
			\$
			\$

- c. Has any principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

No Yes Please give details.

Name of Practice and Principal/Staff Member	Claimant	Nature of Problem	Amount Paid and/or Outstanding
			\$
			\$

Cover Required

13. Please state the amount of the preferred Total Sum Insured for Professional Indemnity

\$1,000,000

\$2,000,000

\$5,000,000

\$10,000,000

\$20,000,000

When you select one of the options in Q13 above, you will also receive a quote for a \$20,000,000 limit for Public and Products Liability insurance.

Declaration

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this proposal form and the inception date of the insurance to which this proposal relates I/we shall give immediately notice thereof.

I/We agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this application and providing me/us with cover.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this proposal form and I/we complete this proposal form on their behalf.

To be signed by the Chair/President/Managing Partner/Managing Director/Principal of the association/partnership/company/practice/business.

Signature

Date

Signature

Date

It is important the signatory/signatories to the Declaration is/are fully aware of the scope of this insurance so that all questions can be answered. If in doubt, please contact your insurance broker since non-disclosure may affect an Insured's right of recovery under the policy or lead to it being avoided.

Insurance Broker's Details

Broking Firm Name MGA Insurance Brokers Pty Ltd
Contact Name Rebekah Munn
Phone 08 8177 8305
Mobile 0499 913 924
Fax 08 8333 0318
Email Rebekah.Munn@mga.com

*MGA Insurance Brokers Pty Ltd ABN 29 008 096 277 acts under its own Australian Financial Service Licence (# 244601). In arranging this insurance policy, MGA Insurance Brokers Pty Ltd is acting as the agent of the Insurer.

CGU Professional Risks' Details

Enquiries 13 24 81
Claims 13 24 80
Mailing address GPO Box 9902 in your capital city

AN IMPORTANT NOTICE TO THE APPLICANT

'CLAIMS MADE' CONTRACTS OF INSURANCE

Please read and retain in your file

The proposed insurance is issued on a 'claims made' basis. This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Insurance during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and
2. 'claims circumstances' notified pursuant to Section 40 (3) of the *Insurance Contracts Act 1984* (Cth), which states:
"where the insured gave notice in writing to the insurer of facts that might give rise to a 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."

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide all relevant details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised.

Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the *Insurance Contracts Act 1984* (Cth), to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us 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 us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Insurance shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss, damage or contribution from them, who would otherwise be liable to compensate you with respect to that loss, damage or liability, we will not cover you for this loss or damage.



This insurance is issued by CGU Australia Pty Ltd ABN 62 004 478 960 AFSL 700014 trading as CGU Insurance.



Insurer
CGU Australia Pty Ltd
ABN 62 004 478 960 AFSL 700014
trading as CGU Insurance