



# NURSING AGENCIES 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


DD	/	MM	/	YY
DD	/	MM	/	YY

b. Are you registered for GST purposes?

No

Yes

What is your ABN?

#### 2. Address

a. Principal Address

Telephone number

Mobile number

Email address

b. Other Locations

#### 3. Particulars of all principals

Name	Age	Qualifications/Experience	Years Practising as a principal	
			Current Business Practice	Previous Business Practice

#### 4. Principals' previous business (incoming)

Name of Principal	Name of Principal's previous business practice	Date Principal left that practice

**5. Prior corporate entity**


Has the name of the person, firm or incorporated body detailed in answer to Question 1 been changed, or has any other business been purchased or has any merger or consolidation of your businesses taken place?

No  Yes   Please detail changes in chronological order.

**6. Total number of**

	Full Time	Part Time	Full Time Equivalent
a. Directors, Partners, Principals	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Registered Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Enrolled Nurses	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Nursing Assistants/Personal Carers	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Administration/other staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total of all staff</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**7. 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**

**8. 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"/>


**9. 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

**10. a. State fully the professional services provided by your business. (Please provide copies of any brochures or other documentation which may assist CGU Professional Risks in gaining a better appreciation of the risk being proposed).**

**b.** Does the nature or type of the professional services now undertaken by you (or on your behalf) and described in Question **10. a.** above, differ in any respect from the nature or type of professional services provided at any time in the past by you or on your behalf? (Note: cover will not be provided for claims arising from the types of professional services which are not detailed in the policy schedule).

No  Yes   Please provide details of the nature and type of professional services previously provided; the dates between which they were provided and the scale of those services in annual fee income and largest contract. Please also advise why those services are no longer being provided by you.

**11. Do you always carry out vetting procedures on the personnel provided?**

(i.e. Police checks, Reference Checks etc)

No  Yes


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

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| <b>a.</b> Laser Hair Removal or other laser therapy services | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <b>b.</b> Pap smears   | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <b>c.</b> Breast examinations                                | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <b>d.</b> Midwifery  | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <b>e.</b> Fertility treatment                                | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| <b>f.</b> 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 f. above, please provide full details below.

## Broadform Liability (Public and Products)

**13. Contractual liability: Do you assume liability under a contract or a hold harmless?**


No  Yes   If "Yes", please provide details and attach copies of all agreements. Coverage will be provided only if CGU Insurance specifically agreed to.

**14. Do you require office liability?**

No  Yes

## Joint Ventures

**15. 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)

### 16. 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

### 17. Please state gross turnover for the insured entity.

	Last Financial Year	Next Financial Year
a. Total turnover (including wages and fees) for the supply of permanent employees	\$	\$
b. Total turnover (including wages and fees) for the supply of contract staff	\$	\$
c. Total of a. and b. above	\$	\$

d. Please provide a breakdown of the total number of staff as disclosed in Question 6 by State or Territory.

ACT	NSW	VIC	QLD	SA
%	%	%	%	%

WA	TAS	NT	Overseas	Total
%	%	%	%	%

e. Are you a small business eligible for the exemption from the requirement to pay NSW duty on certain types of insurance? (Generally speaking, you are a small business if your aggregated turnover is less than \$2 million.) For more information, visit [www.revenue.nsw.gov.au/taxes/insurance/exemptions/](http://www.revenue.nsw.gov.au/taxes/insurance/exemptions/)

No  Yes

## Claim and Circumstances

### 18. 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 4. or 5. 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 loss suffered any entity or individual to be insured by this insurance (including any previous practices which have been identified in Questions 4. or 5. 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**

19. 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

20. Please state the amount of the preferred Policy Limit for Broadform Liability

\$10,000,000  \$20,000,000

**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](http://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 Chairman/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

<b>Broking Firm Name</b>	MGA Insurance Brokers Pty Ltd
<b>Contact Name</b>	Rebekah Munn
<b>Phone</b>	08 8177 8305
<b>Mobile</b>	0499 913 924
<b>Email</b>	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

<b>Enquiries</b>	13 24 81
<b>Claims</b>	13 24 80
<b>Mailing address</b>	GPO Box 9902 in your capital city



# AN IMPORTANT NOTICE TO THE APPLICANT

## FOR '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 Professional Risks 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* 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 full 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*, 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 Professional Risks 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 or 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 or damage from them, we will not cover you for this loss or damage.



[CGU.COM.AU/PROFESSIONAL-RISKS](https://www.cgu.com.au/professional-risks)

