

Health Care Practice Protection

Your Award Winning Insurer



IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

Completing this Proposal Form

- Any references throughout this Proposal Form to “you”, “your” or “insured” are to be read as references to “the proposer”. Any reference to “we”, “us”, “our” or “BIA” are to be read as references to “Berkley Insurance Company (limited company incorporated in Delaware, USA) ABN 53 126 559 706 | AFSL 463129 t/as Berkley Insurance Australia”.
- Please answer all questions giving full and complete answers. If a question in the Proposal Form does not apply to the proposer, this should be marked as “Not Applicable” or “N/A”.
- If the space provided on the Proposal Form is insufficient, please use a separate signed dated sheet in order to provide a complete answer to any question.
- It is the duty of the proposer to provide all information that is requested in this Proposal Form as well as to disclose relevant facts. A relevant fact is a known fact or circumstances that may influence the evaluation of risk by the the insurer. If you are uncertain about what a relevant fact is, please contact your broker.

A. Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.



Berkley
Insurance Australia
| a Berkley Company

1300 800 772
berkleyinaus.com.au

B. Claims Made and Notified Policy

This Proposal Form is for insurance issued on a 'claims made and notified' basis. This means that the policy responds to:

- (a) claims first made against the insured during the policy period and notified to us during the policy period, provided that the insured was not aware at any time before policy inception of facts, matters or circumstances which would have put a reasonable person in the insured's position on notice that a claim may be made against the insured; and
- (b) written notification of facts pursuant to section 40(3) of the *Insurance Contracts Act 1984*. If the insured chooses to tell us in writing about facts which might give rise to a claim against the insured as soon as reasonably practicable after the insured becomes aware of these facts but before insurance cover provided by the policy expires, then we are not relieved of liability under the policy for the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the policy.

After the policy expires, no new notification of facts may be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. An exception to this is where an extended reporting period applies to the policy. If an extended reporting period applies, then cover may be available for notifications of facts or claims made up to expiry of the extended reporting period.

When completing the proposal the insured is required to provide full details of all facts, matters and circumstances of which they are aware and which a reasonable person in the insured's position would consider may give rise to a claim. It is important that the insured make proper disclosure. Refer to the Duty of Disclosure above to understand the insured's disclosure obligations.

C. Retroactive Date

This policy does not provide cover for claims arising from or in connection with an act, error, omission or event occurring or alleged to have occurred before the policy's retroactive date, where such a date is specified in the schedule.

D. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, we will not cover you under the insurance for such loss or damage.

E. Privacy Statement

We are a member of the W. R. Berkley Corporation, which we refer to as WRBC.

We take privacy seriously and are committed to handling and protecting your personal information in accordance with the Privacy Act 1988 (Cth) and Australian Privacy Principles (APPs). This Privacy Statement explains how we collect, hold, use and disclose your personal information and who we share it with. It should be read with our Privacy Policy which provides more information about our privacy practices.

Our Privacy Policy is available at <https://berkleyinaus.com.au>. Alternatively, you can use the details in Contact Us at the end of this Privacy Statement to request a copy of our Privacy Policy.

Consent

You agree to us collecting, holding, using and disclosing your personal information as set out in our Privacy Policy when you: (i) provide us with your personal information; or (ii) apply for, use or renew any of our products and services.

Personal information about others

If you provide us with personal information about another person, then you must: (i) have their consent to do so; and (ii) tell them that you are disclosing their personal information to us and provide them with a copy of this Privacy Statement.

How we collect your personal information

We collect your personal information directly from you, your agents and through others including the parties listed in our Privacy Policy. This includes our agents and service providers. We will use a variety of methods to collect your personal information from these parties, including written forms, telephone calls and electronic delivery.

Not giving us your personal information

You may choose not to give us your personal information. However, this may affect our ability to provide you with any, some or all of the features of our products or services, including processing a claim.

How we handle your personal information

We will use your personal information for the purposes we collected it. This usually includes: (i) providing you with assistance, a product or service you have requested; (ii) handling claims and complaints you have made; and (iii) facilitating our business functions and operations.

Your personal information may also be used for other purposes that are set out in our Privacy Policy.

We may disclose your personal information to other members of WRBC, agents or service providers (either yours or ours), other insurers, reinsurers, persons involved in a claim and other parties set out in our Privacy Policy. These disclosures will be for the same purposes described above or as otherwise permitted by law.

Overseas Disclosure

Sometimes we need to provide your personal information to, or get personal information about you from, persons or organisations located overseas. We will do this for the same purposes as in the 'How we handle your personal information' section above.

The complete list of countries is contained in our Privacy Policy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, persons and organisations located in countries that are not on the list.

Marketing

Every now and then we might let you know – including via email, telephone or online - about news, products and services that we think may be of interest to you.


We will engage in marketing unless you tell us otherwise. We want you to be able to exercise your marketing preferences. Accordingly, you can contact us to update your marketing preferences by using the details in Contact Us below. Alternatively, you can simply follow the unsubscribe instructions in the relevant communication. More information about our marketing practices can be found in our Privacy Policy.

Access, correction and complaints


You have the right to request access and correct your personal information held by us. Our Privacy Policy provides information about how you can: (i) access your personal information; (ii) ask us to correct your personal information; and (iii) complain about a breach of the APPs and how we will deal with such a complaint.

Contact Us

 www.berkleyinaus.com.au

 02 9275 8566

 privacy@berkleyapac.com

 Berkley Privacy Officer, PO Box Q296, QVB NSW 1230

SECTION 1 – GENERAL DETAILS

1. Please provide the following details:

Name of proposer(s) to be covered	ABN	Date established

2. Main address of the proposer and any other addresses:

Principal address:

Other addresses:

Email address:

Website address:

3. What is the Medical Business which is being conducted by the proposer for which you are applying for cover under this proposal?

4. Please provide detail regarding, but not limited to the individual, partner, principal, director, consultants:

Title	Name	Age	Qualifications	Date(s) Qualified	Length of Service	
					This practice	Previous practice
CEO/General Manager						
Director of Medical Services						
Director of Allied Health Services						
Director of Nursing						
Other						

Please attach CV where the proposer has been established less than 3 years and/or where any individual has no relevant qualifications.

5. Provide the date on which the business was established:

6. Please provide the total number of employees and contractors split between the following classifications:

Category	Employees	Contractors	Category	Employees	Contractors	Category	Employees	Contractors
Surgeons			Laboratory			Enrolled nurses		
Doctors			Administration			Undergraduate or student		
Interns			Pharmacists			Other medical or allied		
X-Ray			Registered Nurses			Midwives		
							Total	

7. Is the proposer connected or associated (financially or otherwise) with any other entity?

No ☐ Yes ☐ ► If yes, is cover required for any work undertaken for any associated entity?

No ☐ Yes ☐ ► If yes, please provide full details including nature of the work undertaken and income derived:

8. During the past 6 years has the proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

No ☐ Yes ☐ ► If yes, please provide details:

SECTION 2 – CLAIMS INFORMATION


1. After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person?

No ☐ Yes ☐ ► If yes, please provide details:

2. After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee?


No ☐ Yes ☐ ► If yes, please provide details:

3. After full enquiry, has any claim for breach of professional duty been made against the proposer's business or any principal, partner, director, or employee whilst in this or any other business?


No ☐ Yes ☐  If yes, please provide details:

Date matter notified	Insurer	Claimant (or potential claimant)	Brief description	Amount paid including legal costs	Estimate of liability if not paid	Finalised or open

4. After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director, or employee whilst in this or any other business?

No ☐ Yes ☐  If yes, please provide details:

5. After full enquiry has any principal, partner, director or employee been subject to any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business?

No ☐ Yes ☐  If yes, please provide details:

6. If the answer is Yes to any of the questions in this Section, please provide a detailed description of the steps or changes the proposer have made to prevent similar claims from occurring. Please attach a separate piece of paper if necessary.

If the answer is No to any of the questions in this Section, please state N/A.

SECTION 3 – THE BUSINESS: WORK UNDERTAKEN

1. Please provide the proposer's total revenue in each of the financial years derived from clients based in:

	Last Financial Year Ended __ / __	Current Financial Year Ending __ / __	Coming Financial Year Ending __ / __
Australia			
Elsewhere			
Total			

If revenue is declared as derived from clients based in "Elsewhere" please provide details including territories involved and income derived.

Please give a percentage split totaling 100% of which state(s) generate the proposer's revenue.

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

2. Please provide full description of the activities undertaken by the proposer.

3. Does the proposer have:

- i) An intensive care unit No ☐ Yes ☐
- ii) A radiotherapy unit No ☐ Yes ☐
- iii) A casualty or outpatients department No ☐ Yes ☐
- iv) A training school facility No ☐ Yes ☐


4. Do you maintain accurate descriptive records of all medical services rendered?

No ☐ Yes ☐

5. Do you ensure that all medical practitioners (whether employed or visiting) who provide services for, or use the facilities of the proposer are members of a recognised Medical Defence Union/Association or Protection Society, or otherwise carry their own Malpractice Liability Insurance covers?

No ☐ Yes ☐

6. Is there a blood banking facility?

No ☐ Yes ☐  If yes, please provide details:


7. Please provide the approximate division of the proposers patients between the following:

Patients	%	Patients	%
a) General/medical	%	i) Alcohol and other drug rehabilitation	%
b) Surgical	%	j) Obstetrics/maternity	%
c) Oncology	%	k) Neo-natal	%
d) Tubercular/Communicable	%	l) Elective Cosmetic	%
e) AIDS/HIV	%	m) Elective Terminations	%
f) Senile or Aged	%	n) Paediatric	%
g) Palliative	%	o) Allied health therapy	%
h) Mental health	%	p) Other (please specify)	%
		Total	100%

8. Please provide the number of beds maintained by the proposer (including day surgery beds)

9. Please provide the approximate occupancy rate for the last financial year

10. Is the proposer aware of any change in activity/structure that will occur in the coming financial year?


No ☐ Yes ☐  If yes, please provide details:

SECTION 4 – THE BUSINESS: RISK MANAGEMENT


1. Is the proposer a member of any Association or accredited to any quality systems such as the ISO9000?

No ☐ Yes ☐  If yes, please provide details:


2. Does the proposer have documented procedures in operating an incident reporting system?

No ☐ Yes ☐  If yes, please provide details:


3. Does the proposer have a documented Risk Management Program?

No ☐ Yes ☐  If yes, please provide details as to when the program commenced and what sort of independent accreditation applies to it:


4. Have there ever been any adverse findings made by risk management audits?

No ☐ Yes ☐  If yes, please provide details:

5. Does the proposer subscribe to any form of Continuing Professional Development or Education?

No ☐ Yes ☐  If yes, please provide details:

6. Does the proposer always obtain satisfactory written references when engaging employees?


No ☐ Yes ☐  If yes, please provide details:

7. Does the proposer employ a full time or part time Risk Manager?

No ☐ Yes ☐


SECTION 5 – INSURANCE COVERAGE

1. Does the proposer currently have Medical Malpractice or Professional Indemnity Insurance in force for the activities for which cover is being sought?

No ☐ Yes ☐  If yes, please advise the following details:

Insurer:	
Limit:	
Excess:	
Renewal date:	
Number of years cover has been continuously in force:	

2. Has any proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

No ☐ Yes ☐  If yes, please provide details:

SECTION 6 – INSURANCE REQUIRED

Please indicate the limit of indemnity you require and the excess you are prepared to accept.

1. Limit of indemnity required:

- a) \$1,000,000 ☐
- b) \$2,000,000 ☐
- c) \$5,000,000 ☐
- d) Other (specify)

2. Excess:

- e) \$1,000 ☐
- f) \$2,000 ☐
- g) \$5,000 ☐
- h) Other (specify)

SECTION 7 – DECLARATION

This Declaration must be completed and signed on behalf of all persons making the application for insurance.

I declare that:

- I am authorised by each of the persons making the application for insurance to complete and sign this Proposal Form.
- after making inquiries, all facts, information and statements given in this Proposal Form and any supporting documents attached or otherwise supplied ("representations") are true, correct, accurate and complete.
- no material representations have been omitted, misstated, withheld or suppressed which may affect the decision to accept the application for insurance or the terms and conditions on which any insurance is offered or provided.
- I undertake that, should there be any change to the representations after they have been provided to BIA, then I will immediately inform BIA about these changes before the relevant policy is entered into.
- I understand that BIA relies on the representations in forming its decision to offer any policy and that (except where otherwise indicated) BIA will treat the representations as being made by all persons to be insured.
- I understand that no insurance is in place until such time as BIA has confirmed acceptance of the application for insurance, and that if the application for insurance is accepted, the insurance cover will be subject to the terms, conditions and exclusions of the policy.
- I consent to BIA collecting, using, holding and disclosing personal information in accordance with the Privacy Statement contained in this Proposal Form, and that if I have provided or will provide information to BIA about any other individuals, I am authorised to disclose the other individual's personal information to BIA and also to give the previously mentioned consent on both my and their behalf.
- I acknowledge receipt of the Important Information contained in this Proposal Form and that I have read and understood the content of them.

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

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