

MEDICAL ESTABLISHMENTS
MEDICAL MALPRACTICE INSURANCE
PROPOSAL FORM

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

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 that 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.

B. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a “Claims made and Notified” basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy’s “retroactive date” where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

C. 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, the Insurer will not cover you under the insurance for such loss or damage.

D. Privacy Statement

Berkley Insurance Australia handles your personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth).

Consent

By requesting us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure of personal information you have provided to us for the purposes set out in our Privacy Policy.

How we collect your personal information

Generally we collect personal information from you or your agents. Personal information may also be collected by us from our agents and service providers; other insurers and insurance reference bureaus; third parties who may claim under your policies; service providers who assist us in investigating, processing and settling claims; third parties who may be arranging cover for a group that you are part of; statutory, regulatory and law enforcement bodies and from publicly available sources.

Why we collect personal information

The personal information we collect enables us to provide our products and services. This may include processing and settling claims; offering products and services that may be of interest to you and conducting market research for products and services that may be relevant to you.

You can choose not to receive product or service offering from us by calling (02) 92758500 Eastern Standard Time 9am to 5pm Monday to Friday inclusive. For further information, you can access our Privacy Policy at www.berkleyinaus.com.au

Who we disclose your personal information to

Your personal information may be disclosed to other parties with whom we have business arrangements for purposes set out in the paragraph above. These parties may include insurers, intermediaries, reinsurers, related companies, our advisers and parties involved in claims assessment, processing, investigation and settlement. Where required by law, we may also disclose information to government, law enforcement, dispute resolution and statutory or regulatory bodies.

Personal information about others

Where you provide personal information about others, you represent to us that you have made them aware that you will do so, the types of third parties we may disclose it to together with the purposes we and our third parties use it for, how they can access such information and how complaints can be made

Where you provide sensitive information about others, you represent to us that you have obtained their consent. If you have not, and will not do so, you must tell us before you provide the sensitive information.

Overseas Disclosure

Your personal information may be disclosed to other companies in the Berkley group, reinsurers and service providers that may be located in Australia and overseas. The countries this information may be disclosed may vary from time to time but may include the United States of America and other countries where the Berkley group has a presence.

Any information disclosed may only be used for the purposes detailed above.

Accessing your personal information and dealing with complaints

You may request access to the personal information we hold about you by calling us at any time.

Our Privacy Policy details how you can make a complaint about a breach of the privacy principles as set out in the Privacy Act 1988 (Cth) and our complaints process.

Our Privacy Policy is available at www.berkleyinaus.com.au

Contact Details

Berkley Insurance Australia

Level 7, 321 Kent Street

SYDNEY NSW 2000

Ph: 02 9275 8500

Fax: 02 9261 2773

Email: australia@berkleyinaus.com.au Web site: www.berkleyinaus.com.au

SECTION 1 – GENERAL DETAILS

Please respond to all questions fully. Blanks and/or dashes or “known to underwriters or brokers” or N/A are not acceptable and will delay consideration of this proposal.

If there is insufficient room to complete a question, please attach a signed and dated addendum on your letterhead. Any documents attached to the proposal form are part of the proposal.

Where appropriate, please tick the yes or no box which best indicates your reply.

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						
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 split between the following classifications:

Surgeons	<input type="text"/>	Laboratory Technicians	<input type="text"/>	Enrolled Nurses	<input type="text"/>
Doctors	<input type="text"/>	Administration Staff	<input type="text"/>	Undergraduate or student staff	<input type="text"/>
Interns	<input type="text"/>	Pharmacists	<input type="text"/>	Other medical or allied	<input type="text"/>
X-Ray Technicians	<input type="text"/>	Registered Nurses	<input type="text"/>	Midwives	<input type="text"/>
				Total	<input type="text"/>

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:

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.

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

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into (up to an including the policy inception date).

By completing and signing this Proposal you acknowledge, accept and agree that in underwriting and issuing a policy (including replacement policies) BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney
Tel. (02) 9275 8500
sydney@berkleyinaus.com.au

Melbourne
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