

Proposal for Practice Indemnity Insurance



This is a proposal for a Practice Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In completing this proposal, 'we', 'our' and 'us' means MDA National Insurance. 'You', 'your', 'the practice' and 'the applicant' means the proposed insured. It is important that all information contained in this proposal is accurate and complete as this document will form the basis of the insurance contract between you and us. Where there is not sufficient room, please provide your answer on a separate attachment. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance contract. If you have any doubt as to whether any information is material, it should be disclosed. **Please read the Important Notice on page 5 before completing this form.**

Upon receipt and acceptance of your proposal we will send you a quotation and offer of insurance. Please indicate how you would like to receive this offer.

Email Fax Post

1. Practice Details

Full legal name of Entity to be insured

Trading name (if different)

Trading since

ABN

Entity Type Company Partnership Sole Trader Other Incorporated Body

Registered Practice address

Post Code

Postal Address

Post Code

Telephone

Fax

Email

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Website

Address of all other practice locations

Post Code

Post Code

1.1 Is this practice owned by another Entity? If **YES**, please provide details.

YES NO

1.2 Please provide details of any related Entities owned by the Practice.

Name ABN Relation

Name ABN Relation

Name ABN Relation

2. Authorised Person

Please provide details of the person authorised by you to arrange the insurance contract and to discuss with us any relevant details pertaining to the insurance contract.

Full name

Position

Telephone

Email

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3. Coverage Requirements

- 3.1** What date do you want the policy to commence? / /
- 3.2** Do you require retroactive cover? YES NO
If **NO**, the retroactive date will be the start date of the policy.
If **YES**, please state the retroactive date required. / /
- 3.3** Since the retroactive date, has the size of the practice or the nature of healthcare services provided by the practice changed materially?
If so, please describe the significant changes to the practice and when they occurred e.g. the practice has acquired or taken over another practice or has opened a new practice or new location.

- 3.4** Please select your preferred Policy Limit \$5,000,000.00
 \$10,000,000.00

4. Business Description

- 4.1** Please provide a full description of healthcare services provided by the practice for which you require indemnity.
Include here any healthcare services provided that may not be regarded as normal for the type of practice.

- 4.2** Does the practice provide any of the following healthcare services?

- Obstetric services provided by someone other than an Obstetrician or GP Obstetrician
- Fertility treatment
- Clinical trials or research projects
- Cosmetic services (Cosmetic services are those where the primary purpose is the alteration of the external appearance of a patient for non pathological reasons.)
- Complementary medicine or alternative therapies

Please provide a full description of the services provided including whether those services are provided by medical practitioners or other clinical staff.

- 4.3** Does the practice provide or has the practice ever provided healthcare services outside Australia? YES NO
If **YES**, please provide a full description.

- 4.4** What is the annual turnover* of the practice (please declare a gross figure)?

Last financial year

Estimate of current financial year

* The annual turnover of an entity is the total of its ordinary income that it has derived in the income year in the course of carrying on a business.

- 4.5** Please provide a breakdown of your estimated annual turnover based on state/territory?

NSW	VIC	WA	SA	QLD	TAS	ACT	NT
%	%	%	%	%	%	%	%

4.6 Are there any plans to increase the size or scope of the practice?

YES

NO

If YES, please describe the plans below (for example, new practice locations or the provision of new healthcare services)

4.7 Is the practice currently accredited by a registered accreditation body? (e.g. AGPAL). If so, by whom?

4.8 Does the practice have documented policies and procedures for the following?

Human resources, OH&S, education and training

Clinical risk management

Complaints management

Information security and privacy

If you have selected any of the above please provide details below.

5. Staff Profile

5.1 Health Professional Specialties

Please provide details of all Medical and Dental Practitioners that work for or on behalf of the practice. Before completing the table below, please refer to Column A on the enclosed Staff Profile List.

Full Name	Specialty	Position (principal, partner, employee or contractor)	Current Professional Indemnity Insurer	Number of sessions# per week

#1 session = half a day

5.2 Allied Health Professionals and Clinical Staff

Please provide details of clinical staff who provide healthcare services for or on behalf of the practice. Before completing the table below, please refer to Column B on the enclosed Staff Profile List.

Full Name	Specialty	Position (principal, partner, employee, contractor, locum)	Current Professional Indemnity Insurer	Number of sessions# per week

#1 session = half a day

5.3 General Staff

Please provide details of all remaining staff. Before completing the table below, please refer to Column C on the enclosed Staff Profile List.

	Number employed at Practice	Number of Full Time Equivalent (FTE)#
Registered or Enrolled Nurse(s)		
Practice Manager(s)		
Reception or Administration staff		
Other (please provide details)		

1 FTE = 40 hours per week.

6. Claims, Registration and Indemnity History

Claims History

6.1 Please provide details of all incidents and investigations that led to a claim against you or an insured person during the last 10 years, whether insured or not and whether the matter was finalised or not. We regard a claim to be:

- a demand for or an assertion of a right to compensation, damages or injunctive relief from you or an insured person; or
- an intimation of an intention to seek compensation from you or an insured person; or
- an allegation of unlawful conduct, misconduct or unsatisfactory conduct against you or an insured person.

You are required to make due enquiry from each person whose name appears in this proposal before answering this section.

Please also include all incidents likely to give rise to a claim or investigation, even if no claim or investigation has been made.

If none, please state **NONE**.

Date of incident	Date notified to insurer	Amount claimed	Amount paid	Details of the claim including the nature of the allegations	Insurer or MDO to whom this matter has been notified to and accepted by.

Professional Indemnity Insurance History

6.2 Do all Medical and Dental Practitioners in the practice hold their own individual Professional Indemnity Insurance? YES NO

Note: It is a condition of the policy that the practice must ensure that all health professionals maintain their own Professional Indemnity Insurance policy.

6.3 Have any of the Medical or Dental Practitioners, Allied Health Professionals or Clinical staff at the practice ever had restrictions or conditions on their registration or have they given any voluntary undertakings to a registration or other health authority or hospital? YES NO

6.4 Has the practice ever had an application for this type of insurance declined, not approved or approved subject to special terms or conditions being imposed? YES NO

6.5 Has the practice ever had this type of insurance cancelled or not renewed or renewed only with special terms or conditions being imposed? YES NO

6.6 Has the practice or any of the Healthcare Professionals, Allied Health Professionals, Clinical or general Staff, or other employees been subject to an investigation or disciplinary proceeding relating to their professional practice or conduct? YES NO

If you have answered **YES** to any question on this page, please provide a detailed description of each matter on a separate attachment. For questions relating to claims, incidents, inquiries or investigations please include in this description:

- a brief summary of the matter and the relevant dates and details but do not identify patients in any way;
- who was involved in the matter and to what extent;
- details of any legal or indemnity payments made; and
- the outcome if known (if unknown, please state the last known status).

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL

7. Important Notice

To have a thorough understanding of the cover provided under your policy please read the following information in conjunction with the current Practice Indemnity Policy Wording.

Duty of disclosure

Before you enter into a contract of general insurance with us, you have a duty, under the *Insurance Contracts Act 1984* (Cth), to disclose to us every matter that you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. The duty extends up until the time that we issue a policy to you. You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of our business, ought to know; or
- when compliance with the duty of disclosure is waived by us.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract of insurance with respect to a claim or may cancel the contract of insurance.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract of insurance from its beginning.

Claims made cover

The Practice Indemnity Policy is a claims made contract of insurance. This means that the policy responds to claims made against you and an insured person, on or after the retroactive date, that are notified to us in writing during the period of insurance.

Retroactive cover

The policy coverage is limited to incidents that occur on or after the retroactive date. If you have a retroactive date of 1 July 2011, for example, your policy will not cover a claim arising from an incident that occurred prior to this

date. Please ensure that the retroactive date you select is sufficient and that you have no otherwise uncovered periods for which you require indemnity insurance. You may request a change to your retroactive date at any time.

Rights under section 40(3) of the Insurance Contracts Act

If you have a policy with us and you notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim or investigation as soon as you become aware of it.

You must notify us

You must notify us as soon as practicable of any material alteration in the risk during the period of insurance including, but not limited to, any significant expansion of the practice and any material change in the nature of the practice or the healthcare services provided by you or any insured persons.

You must also notify us in writing as soon as practicable after you become aware of:

- any claim or investigation; and
- any circumstance that might lead to a claim against you or an insured person or to an investigation involving you or an insured person.

Privacy

Please note that any information you provide will be held and used by us and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy.

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your proposal. If we do not accept your renewal/proposal, all monies will be refunded to you. MDA National Insurance is entitled to the interest earned on this bank account.

8. Declaration

I declare that:

1. I am authorised by the applicant to sign this proposal.
2. I have read and understood the Important Notice.
3. After full examination, all responses and additional information provided with this proposal are true, accurate and complete.
4. I understand that the applicant's duty of disclosure exists until the contract of insurance is entered into and that they have a continuing obligation to inform MDA National Insurance of any material alteration of the risk during the period of insurance including any significant expansion of the practice (whether by acquisition of another business or otherwise), any material change to the nature of the practice and the healthcare services provided by the practice or employees of the practice as well as any other change which alters or is likely to alter the risk.
5. I acknowledge that the policy (if issued) will not provide indemnity with respect to:
 - a) claims that are made against the practice or an insured person prior to the commencement of the policy;
 - b) circumstances that the practice or an insured person was aware of prior to the policy commencing which will likely give rise to a claim; and
 - c) all matters disclosed in this proposal or matters that should have been disclosed in this proposal.

Authorisation and Consent

6. The practice authorises and requests its current and former insurer to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries, whether or not there has been a final resolution, and the applicant consents to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
7. The practice consents to MDA National Insurance and any companies, firms or individuals who assist them in providing services including reinsurers, medical specialists, solicitors and barristers, holding and using the information the applicant provides, in accordance with the MDA National Group Privacy Policy.

Please Sign and Date Here

Signed

Date / /

Name

Position

Staff Profile List

Column A	Column B	Column C
Health Professional Specialties	Allied Health Professionals and Clinical Staff	General Staff
Anaesthetist Cosmetic Physician Dermatologist Dentist (Solely dental focus) Gastroenterologist General Practitioner (Cosmetic Physician) General Practitioner (Non-Procedural) General Practitioner (Obstetrics) General Practitioner (Procedural) Geriatric Medicine doctor Gynaecologist (no Obstetrics) Medico-Legal advisor Neurosurgeon Obstetrician & Gynaecologist Occupational Medicine doctor Ophthalmologist Paediatrician Pathologist Physician Psychiatrist Radiologist Sports Medicine doctor Surgeon (Consulting only) Surgeon (General) Surgeon (Orthopaedic) Surgeon (Plastic and recon, including Cosmetic) Travel Medicine doctor	Audiologist Beauty Therapist Cardiac Technician Chiropractor / Osteopath Cosmetic Nurse Counsellor Dental Hygienist Dental Technician / Prosthetist Dental Therapist Dermal Photographer Diabetes Educator Dietician Exercise Physiologist Midwife Naturopath Nurse Practitioner Optometrist Orthoptist Physiologist Physiotherapist Podiatrist Psychologist Radiographer Scientist Sonographer Technician Ultrasonographer Urodynamics	Administrative Staff Receptionist Practice Manager Registered Nurse / Enrolled Nurse

Other (please specify) _____

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Phone: (08) 6461 3400
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Privacy: The MDA National Group collects personal information to provide and market our services or to meet legal obligations. We may share personal information with other organisations that assist us in doing this. You may access personal information we hold about you, subject to the Federal Privacy Act. If you wish to change your contact details or be removed from our mailing lists, please contact us at 1800 011 255. For more information or to see our Privacy Policy contact us on 1800 011 255. 121.7