

Application and Proposal

- Application for Student Membership of MDA National
- Proposal for Student Indemnity Insurance

This form includes an application for Student Membership of the Medical Defence Association of Western Australia (Incorporated) trading as MDA National ARBN 055 801 771 and a proposal for a Student Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073. Information provided in this form may be used for both purposes.

In completing this proposal, 'we', 'our' and 'us' means MDA National Insurance. 'You' and 'your' 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. If you have any doubt as to whether any information is material, it should be disclosed.

1. Personal Details

Current Membership Number (if applicable)		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Surname			
First Name	Middle Name(s)	Date of Birth / /	
Mailing Address			
		State	Postcode
Telephone ()	Mobile		
Email			
Name of Medical School/University			
Current Year of Study	Expected Year of Final Exams	Type of Degree (e.g. MBBS)	

2. Indemnity History

- 2.1** Have you ever been refused Membership of a medical defence organisation or been refused insurance or had your insurance cancelled or had an application for renewal declined or had special terms imposed? YES NO
- 2.2** Do you know of any claims against you, or circumstances which may give rise to any claims against you, arising from your conduct as a medical student in the past or present? YES NO
- 2.3** Have you ever been subject to any disciplinary inquiry or proceeding instigated by your university, registration body, hospital or supervisor, or had any complaints made or threatened against you? YES NO

If you have answered YES to any of the questions in this section, please provide a detailed description of each matter on a separate attachment.

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL

Freecall: 1800 011 255 **Risk Management Fax:** 1300 011 244 **Email:** riskmanagement@mdanational.com.au **Web:** www.mdanational.com.au

Registered Office: MDA National, Level 3, 516 Hay Street, SUBIACO WA 6008 **Phone:** (08) 6461 3400 **Fax:** (08) 9415 1492

MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073 is a wholly owned subsidiary of The Medical Defence Association of Western Australia (Incorporated) ARBN 055 801 771, trading as MDA National, incorporated in Western Australia. The liability of Members is limited.

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.

3. Important Notice

To have a thorough understanding of the cover provided under your policy please read the following information in conjunction with the Student Indemnity Product Disclosure Statement and Policy Wording V6 provided.

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, 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, 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 something:

- 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 Student Indemnity Policy is a claims made contract of insurance. This means that the policy responds to claims notified to us in writing during the period of insurance.

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.

Exclusion of cover in the USA

Please note clause 10.23 of the policy wording which states:

We will not indemnify you under this policy when the claim or investigation arises out of:

- (a) a judgment or order:
 - (i) by a court in the United States of America or its territories;
 - (ii) by a court elsewhere exercising jurisdiction under a Local, State, or Federal Law of the United States of America; or
 - (iii) based on, derived from, or to enforce a judgment or order by a court referred to in (i) or (ii); or
- (b) acts or omissions which occur within the territorial limits of the United States of America or its territories.

There are other important exclusions to cover contained in the policy wording. Please read them carefully.

You must notify us

You must notify us as soon as practicable of any material alteration of the risk during the period of insurance including any material change in the nature of the services provided by you.

You must also notify us in writing as soon as practicable after you become aware of any claim or investigation.

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.

4. Declaration and Acceptance - must be signed

I wish to apply for Membership of MDA National and for a Student Indemnity Insurance Policy underwritten by MDA National Insurance Pty Ltd. If my applications are approved, I agree to be bound by the Rules of MDA National as applicable to my Membership and which are available on request and acknowledge and accept the terms and conditions of the Student Indemnity Insurance Policy. In addition:

I declare that:

1. I have read and understood the Important Notice.
2. I have read and understood the contents of this proposal and acknowledge that the information included in, or attached to, this form is accurate and complete.
3. I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform MDA National Insurance of any material alteration of the risk during the period of insurance including any material change in the nature of the services provided by me.

Consent

4. I consent to MDA National and 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 I provide, in accordance with the MDA National Group Privacy Policy.

Please Sign and Date Here

Signed

Date / /