



Allied Health Practitioners Proposal Form 2010/2011

Combined malpractice, public and products liability insurance

Before completing this form you must read page 4, as a requirement of the Insurance Contract Act.
Please complete and return this proposal form via post, email or fax using the contact details on page 4.

1. Details of insured (referred to in the proposal as 'you' and 'your')

Your name

Mr Mrs Miss

First name Family name

Note:

- If cover is required for more than one practitioner, please complete a proposal form for each practitioner.

Name of your incorporated Company/Partnership/Registered trading name (if any) owned by you (DO NOT NAME AN EMPLOYER) – Leave blank if no company or business name exists

ABN

2. Postal address

Suburb State Postcode

Phone Mob

Email Fax

3. Qualifications (must be completed for each practitioner)

Qualification Title (e.g. Diploma of Kinesiology)	School/College/University ³	Total course hours studied ⁴	Year completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:

- If there is insufficient space to answer this section, please provide full details on a separate sheet.
- The policy shall only cover those approved activities that you are suitably qualified to practise (as would be defined by the majority of your professional peers). Please refer to the listing of modalities within the 2010/2011 Allied Health Practitioner's website and brochure.
- If not applicable, please give teacher's name and attach copy of teacher's CV .
- Minimum of 150 hours for Hypnotherapy is required. Minimum 100 hours required for all other modalities. If total course hours is less than 150 for Hypnotherapy or 100 hours for all other modalities, attach a list of subjects and total course hours and your certificate of attainment.

4. Modalities

Please state the modalities for which you are qualified to practise and for which you require cover, based on the modalities list within the 2010/2011 Allied Health Practitioners website and brochure. The modalities selected must be supported by the qualifications listed in question 3.

Note:

1. This policy will not cover the practise of chiropractic, astrology, numerology readings, future predictions, channelling, colonic irrigation, psychiatry or registered psychology, physiotherapy, general medical practice, nursing or mid-wifery and any other modality unless specifically agreed.
2. The policy shall only cover those approved activities that you are suitably qualified to practise (as would be defined by the majority of your professional peers). Please refer to the listing of modalities within the 2010/2011 Allied Health Practitioner's website and brochure.
3. If any other modalities are selected, cover WILL NOT be provided for these modalities.

5. Limit of Indemnity required (premiums for each limit are detailed on the brochure)

\$1,000,000
 \$2,000,000
 \$5,000,000
 \$10,000,000
 \$20,000,000

6. Membership

Are you a full member of a Professional Body/Association?

Yes
 No
 If Yes, please indicate Professional Body/Association.

<input type="checkbox"/> CMA	<input type="checkbox"/> IRMA	<input type="checkbox"/> ACA	<input type="checkbox"/> PACFA	<input type="checkbox"/> HHAI	<input type="checkbox"/> AABTh
<input type="checkbox"/> AMTA	<input type="checkbox"/> DAA	<input type="checkbox"/> OHPA	<input type="checkbox"/> AACMA	<input type="checkbox"/> ATMS	<input type="checkbox"/> ANZATA
<input type="checkbox"/> APMA	<input type="checkbox"/> NHAA	<input type="checkbox"/> Other (if Other, please provide details below)			

Name of Professional Body/Association	Membership Status

7. Claims/circumstances

Note:

1. If you answer Yes to any of the questions 7 (a), (b), (c), and/or (d) below, please provide details on your separated letterhead. The standard premiums quoted on the brochure may not apply.

- | | |
|--|--|
| <p>(a) Have any claims or complaints ever been made against you or any of your partners or employees during the past 10 years?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>(b) Are you aware of any circumstances which may result in a claim against you or any of your partners or employees during the past 10 years?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>(c) Has any Insurer ever declined, cancelled or imposed special conditions in relation to this type of insurance?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>(d) Have you ever been subject to disciplinary proceedings for professional misconduct by a professional body or any statutory registration board or been called upon to respond to a complaint?</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DECLARATION AND AGREEMENT

1. I/We acknowledge that I/We have read the Notice to the Proposed Insured included with this form, and I/We understand those notices. I/We acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
2. I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor mis-stated any facts.
3. I/We declare that if I/we are required to hold registration with a registration board in the state/s or territory/ies in which I/we practise, that I/we will maintain registration for the term of this insurance policy.
4. I/We consent to the use of my/our personal information for the purposes shown in the Privacy Statement, and the disclosure of my/our personal information to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.
5. If I/We have disclosed personal information about any other person, I/We confirm that I/We am/are authorised to: disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and consent to disclosure to, and obtaining of other personal information about that person from other parties including those shown in the Privacy Statement for any of these purposes.
6. I/We authorise Aon Risk Services Australia Ltd to release details of my/our insurance to my/our Association (if applicable) for membership requirements.

Signature of Insured

Date signed

Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. If the proposal form is incomplete, no cover will be effected until all of the necessary information is received.

OFFICE USE ONLY

Inception date

Total paid

Date stamp

Notice to the proposed insured

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1, 2, 3, 4, 5 and 6 be brought to your attention before you complete this proposal form.

1. Disclosure of relevant facts

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 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that your Insurer knows or, in the ordinary course of its business, ought to know
- as to which compliance with your duty is waived by the Insurer.

Non-disclosure

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

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning. The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims made and notified policy

This proposal is for a "claims made and notified" policy of insurance. This means that the policy covers you for claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances which you first became aware of prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will,

subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover. Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of run-off cover is essential.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Broker acting as agent of insurer

In effecting this contract of insurance the broker will be acting under an authority given to it by the insurer and the broker will be effecting the contract as agent of the insurer and not the insured.

4. Claims notification

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your insurer on your behalf. If you become aware of a claim or of 'circumstances' and your insurer is not notified during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or any future related claim.

5. Average provision

This policy provides that if a payment in excess of the limit of indemnity available under this policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim. Any surplus will be deducted from claim payments.

6. Subrogation agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the policy, 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 policy for any such loss or damage.

Privacy statement

Aon has always valued the privacy of personal information. If you would like a copy of our Privacy Policy, you can contact us or access it from our website at www.aon.com.au.

Please return your completed proposal form to us.

Aon Risk Services Australia Limited
Post GPO Box 1230, Melbourne VIC 3001
Fax 03 9211 3510
Email alliedhealth@aon.com.au
Web aon.com.au/alliedhealth

Please direct any queries to:

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ABN 17 000 434 720
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