

PROPOSAL FORM

Medical Malpractice Insurance

libertyinternational.com/au

Liberty®

Proposal form

Important Notices

Trade Sanctions

Liberty will not be deemed to provide cover nor be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose Liberty or its parent to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction.

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 the insurer every matter that you know, or could reasonably be expected to know, 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 general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- 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 their 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.

Subrogation

If Liberty grants indemnity under this policy, then Liberty shall be subrogated to all of the Insured's rights of recovery against any person, trustee, company or entity whether or not a payment has in fact been made and whether or not the Insured or Insured Person has been compensated in full for their loss. The Insured must, at its own cost, provide all reasonable assistance to Liberty (including, but not limited to giving information, signing documents and giving evidence) to help enforce those rights. The Insured must not do anything that may prejudice Liberty's position or potential or actual rights of recovery against any parties.

Claims Made Insurance

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period or any applicable reporting period. The policy does not provide cover in relation to:

- any claim made, threatened or intimated against you prior to the commencement of the policy period;
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period;
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal;
- any claim arising out of any fact you are aware of before the commencement of the policy period;
- any claim made against you after the expiry of the policy period.

However, the effect of Section 40(3) of the Insurance Contracts Act 1984 (Cth) is that where you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment or you need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

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Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**)

Proposal form

Important: Please answer all questions fully. All questions will be deemed to be answered in respect of all entities and persons to be insured under this policy. If the space provided is insufficient please include attachments on your company letterhead.

1. DETAILS OF THE PROPOSERS

a. Please state the full name of all entities (including any subsidiaries) and persons to be insured (collectively referred to in this form as the "Proposers"):

b. Address of the principal office (please provide a street address only):

Street

City State Postcode

Country

c. Contact details:

Name

Email Telephone

d. Company details:

Registered company name

Country of registration ABN/NZBN

Website Date established

2. NATURE OF BUSINESS

a. Please describe in detail the Proposers' healthcare services to be insured under this policy:

b. Please advise the approximate staffing numbers for below activities:

Disciplines	# Practitioners who hold their own professional indemnity	Employees or Contractors to be insured by the practice entity
Administration		
Audiologist		
Chinese Medicine Practitioner		
Chiropractor		
Cosmetic technician/Injector		
Counsellor/Social Worker		

Proposal form

Disciplines	# Practitioners who hold their own professional indemnity	Employees or Contractors to be insured by the practice entity
Dentist		
Dietitian		
Medical Practitioner GP		
Medical Practitioner – Other (please specify)		
Midwife		
Nurse (Enrolled)		
Nurse (Registered)		
Nurse Practitioner		
Occupational Therapist		
Optometrist		
Osteopath		
Pharmacists		
Physiotherapy		
Podiatrists		
Practice Manager		
Psychologist		
Pathologist		
Radiographer		
Sonographer		
Fertility Specialist		

c. Please provide details of the Partner(s)/Principal(s) of the business:

Name in full of all Partners/Principals/ Directors	Qualifications	Date Qualified	How many years as a Partner/Principal/ Director	
			This Practice	Prior Practice

d. Does the practice undertake any of the following services?

1. Anaesthetic services Yes ☐ No ☐
2. Clinical trials Yes ☐ No ☐
3. Cosmetic services Yes ☐ No ☐
4. Day surgery Yes ☐ No ☐
5. Obstetrics services (not including shared antenatal care) Yes ☐ No ☐
6. Termination of pregnancy Yes ☐ No ☐

If yes, please provide details

e. Please provide further details of the employed medical and dental practitioners engaged by the Insured:

Title	Name	Category of Practice	Employed/ Contractor	Professional Indemnity Insurer

Please note we do not provide direct liability cover for healthcare services provided by medical practitioners and dentists Cover for employed medical practitioners and dentists may be available upon request.

f. Do patients stay overnight at the Proposers' establishment? Yes ☐ No ☐

g Please state the total number and average daily occupancy for the following:

	Previous year		Current year	
Bed Type	**Number**	**Ave Occupancy**	**Number**	**Ave Occupancy**
Bassinettes/Cribs/Cots				
Day Surgery				
Emergency				
Intensive Care				
Nursing Home				
Rehabilitation				
Other				

h. State number of patients annually:

Previous year	Current year

3. FINANCIAL INFORMATION

a. Source of revenue:

Location	Last Completed Financial Year (actual)	Current Financial Year (estimate)	Next Financial Year
Australia & New Zealand			
USA & Canada			
Other			
Total	0	0	0

b. If activities are performed outside Australia, please list the country and the services:

c. Please provide a breakdown of the Proposers' fee income generated in the last financial year as follows:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas

If overseas revenue has been declared please advise the country/ies and services/products:

d. Please provide the percentage of healthcare services provided by the Proposers in the table below:

Health Service	% of turnover	Health Service	% of turnover
Aged Care		Medical Imaging	
Allied Health		Medico Legal	
Bariatrics		Nephrology	
Cardiology (interventional)		Neurosurgery	
Cardiology (non-interventional)		Nuclear medicine	
Day Hospital (cosmetic)		Occupational therapy	
Day Hospital (general)		Obstetric Sonography	
Day Hospital (ophthalmology)		Optometry	
Dental		Ophthalmology	
Dermatology		Palliative	
Disability support & Complex Care Provider		Paediatrics	
Emergency medicine		Pain management or drug and alcohol addiction management	
Gastroenterology			
General Practice (family practice)		Pathology	
General Practice (skin cancer clinic)		Plastic reconstructive	
Cosmetic non-surgical		Psychiatric Care	
Cosmetic surgical		Radiology	
Gynaecology (no fertility)		Rehabilitation	
Gender reassignment Surgery/urology		Rheumatology	
Immunology		Sports Medicine	
Infectious diseases		Training/Research	
IVF/Fertility		Termination of Pregnancy	
Maxillofacial		Urgent Care	
Hospital in the Home		Wellness/Anti-Aging	

Other, provide details:

e. Have the Proposers experienced any difficulties with cash flow, given consideration to potential insolvency or administration, or is there any reason to believe that the Proposers may experience financial distress during the term of the policy period? Yes ☐ No ☐

If yes, provide details:

f. Does the Proposers, any of its subsidiaries or any of their directors, officers or employees have any operations or dealings, in a jurisdiction which is subject to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of Australia, the European Union, United Kingdom, United States of America or other applicable jurisdiction? Yes ☐ No ☐

If yes, please provide further information:

4. RISK MANAGEMENT

a. Do you confirm annually your medical practitioners and dentists including contractors and employees:

1. hold appropriate Professional Indemnity insurance? Yes ☐ No ☐
2. are registered to provide the service? Yes ☐ No ☐
3. are appropriately qualified? Yes ☐ No ☐

b. Does the Proposers have students or volunteers providing healthcare services (including but not limited to placement, observations, or work experience)? Yes ☐ No ☐

c. Do any staff provide healthcare services to patients without supervision of a medical practitioner? Yes ☐ No ☐

If yes, how are they supervised?

d. Do you have any employees or contractors that have conditions, limitations or undertakings on their registration? Yes ☐ No ☐

If yes, please provide details:

e. Does the practice employ a full-time practice manager? Yes ☐ No ☐

If yes, please provide details:
Name

Qualifications

f. Have the Proposers or any professional staff had their membership or registration with any association or professional body been declined, withdrawn, suspended or had conditions imposed? Yes ☐ No ☐

If yes, please provide details:

g. Do you have formal employment contracts/agreements? Yes ☐ No ☐

h. Is work/services undertaken by healthcare/technical staff is regularly reviewed by a Principal/Manager? Yes ☐ No ☐

i. Are written procedures or checklists are used for the healthcare services provided? Yes ☐ No ☐

j. Are contracts/terms of acceptance are evidenced in writing, specifying the work to be undertaken and the extent of the Proposers' responsibility? Yes ☐ No ☐

k. Is the business required to be accredited or licensed in order to provide the healthcare services cover is being requested for? Yes ☐ No ☐

l. Has the business held the required accreditation or licence at all appropriate times? Yes ☐ No ☐

m. Records are kept of all contracts, letters of engagement, client meetings and phone calls? Yes ☐ No ☐

n. Diary systems, registers and other procedures are in operation to ensure that deadlines are met Yes ☐ No ☐

5. CLAIMS HISTORY

Please note: It is critical that you make appropriate enquires of all persons and entities intending to be insured under this insurance before you answer Questions 5a – 5d.

a. Has the Proposers ever had any insurance policy cancelled, or any entitlement to indemnity under any insurance policy denied, or otherwise affected due to non-disclosure, misrepresentation or non-payment of premium? Yes ☐ No ☐

If yes, please provide date and details including outcome:

b. Has any partner, director or employee of the Proposers ever been subject to any inquiry or disciplinary proceedings? Yes ☐ No ☐

If yes, please provide date and details including outcome:

c. Has a professional liability claim ever been made against the Proposers (or any previous company name used by the Proposers), or any past or present partner, director or employee of the Proposers? (If more than one, please provide details via attachment). Yes ☐ No ☐

If yes, please provide details:

Year notified Status of claim: Open ☐ Closed ☐

Amount paid $ Outstanding reserve $ Amount claimed $

Details

d. Is the Proposers including any of its partners, directors or employees aware of any facts which might give rise to a professional liability claim against any of them? (If more than one, please provide details via attachment). Yes ☐ No ☐

If yes, please provide details: Date notified Potential loss amount $

Details

e. Please provide a claims history for the last 10 years:

6. INSURANCE HISTORY

a. Does the Proposers currently hold a Professional Indemnity policy? Yes ☐ No ☐

If yes, please advise the following:

Insurer

Due date Limit $ Retroactive date: Unlimited ☐ Specific date ☐

Please specify:

Excess $ Premium $

7. LIMIT OF LIABILITY

a. Please specify the options for Limits of Liability and Excess you would like quotations for.

1. Limit of liability:
   i. $
   ii. $
   iii. $
2. Excess:
   i. $
   ii. $
   iii. $

8. OPTIONAL EXTENSIONS

a. **Fidelity**

Would you like the policy to be extended to provide cover for losses suffered due to the fraud or dishonesty of an employee Yes ☐ No ☐

If yes, please advise the following:

1. Has the Proposers ever suffered a loss due to the fraud or dishonesty of an employee? Yes ☐ No ☐
2. Is any employee of the Proposers, other than a director or partner able to transfer funds or sign cheques with their signature? Yes ☐ No ☐

3. Is the following pre-employment screening conducted prior to hiring any employees:
   i. Criminal history checks — Yes ☐ No ☐
   ii. Reference checks with all prior employers during the last 5 years? — Yes ☐ No ☐
4. Please select the Sub-limit the Proposers requires:
   ☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ Other $

b. **Reinstatement**

Would you like the policy to be extended so that in the event the Limit of Liability is totally exhausted, it is reinstated once to cover future unrelated claims? Yes ☐ No ☐

9. DECLARATION

I, the undersigned, declare and acknowledge:

- that I am, after enquiry, authorised by all persons and entities seeking insurance, to make this proposal;
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a Contract of Insurance is entered into, I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant;
- that I understand Liberty relies on the accuracy of the information and documentation supplied in proposing for this insurance;
- that I have read and understood the Important Notices which form part of this proposal;
- that I understand that no insurance is in force until a Contract of Insurance is entered into, which is upon the Proposers acceptance of an offer by Liberty, if any.
- **that the proposed Insured is a small business with a turnover of less than AU$2 million in the last financial year. Note that if No is selected or this question is left blank, Liberty will charge stamp duty on risks that 1) occur within or partly within NSW or 2) cover NSW property.** Yes ☐ No ☐

To be signed by a partner or director.

Signature

Name (please print)

Title: Date

Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: Australia Privacy Policy.

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