



Guardian Underwriting Services Pty Ltd

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Proposal Form Medical Malpractice and Public/Products Liability Insurance

SECTION 1

Proposer's name:			
Address of Practice:		State	Postcode
Postal address: (if different)		State	Postcode
Telephone:	()	Facsimile:	()
Mobile number:		D.O.B:	/ /
Email address:			
Requested Period of Insurance:		From 4.00pm / / 20	to 4.00pm / / 20

Limit of Coverage (select from attached Premium Table)

Option A (?)
 Option B (?)
 Option C (?)

Qualifications

Qualification(s)	Professional Association Membership
Date Qualified	Membership Number
State of Registration	Registration Number

Please tick the modalities that you are qualified to practice in and for which you require coverage:

<p><u>Psychology/Counselling</u></p> <p><input type="checkbox"/> Psychology <input type="checkbox"/> Counselling <input type="checkbox"/> Psychotherapy <input type="checkbox"/> Hypnotherapy <input type="checkbox"/> Speech Pathology <input type="checkbox"/> Life Coaching <input type="checkbox"/> Life Coaching (Corporate) <input type="checkbox"/> Neuro Linguistic Programming <input type="checkbox"/> Reiki</p>	<p><u>Remedial/Physical</u></p> <p><input type="checkbox"/> Chinese Massage <input type="checkbox"/> Hot Stone Massage <input type="checkbox"/> Remedial Massage <input type="checkbox"/> Deep Tissue Massage <input type="checkbox"/> Shiatsu <input type="checkbox"/> Swedish Massage <input type="checkbox"/> Thai Massage <input type="checkbox"/> Connective Tissue Massage</p>	<p><u>Audiology/Other</u></p> <p><input type="checkbox"/> Audiologist <input type="checkbox"/> Audiometrist <input type="checkbox"/> Other (Please specify and attach proof of qualification)</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p><u>Diet/Nutrition</u></p> <p><input type="checkbox"/> Dietician <input type="checkbox"/> Nutritionist</p>
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Complete Sections 1, 2, 4 & 5	Complete Sections 1, 2, 4 & 5	Complete Sections 1, 2, 4 & 5	Complete Sections 1, 2, 3, 4 & 5
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Please note: this Certificate does not cover any type of Financial Advice/Coaching, Legal Advice/Coaching, Management Consulting, Sports Coaching/Training, Exercise Physiology or Medical Audiologists. Thai massage excludes any type of blood flushing.

SECTION 2

Corrective and Care Institute Work: Do you undertake any work for or on behalf of any corrective and/or care institution including any work involving assessments relating to release of people into the community and/or any psychiatric intervention?

Yes No

If "yes" please provide additional details.

Media/Television Work: Are you currently involved in or is it likely that you may be involved in working for or on behalf of any company in the television or media industry?

Yes No

If "yes" please provide additional details.

Department of Community Services Work: Do you undertake any work for or on behalf of the Department of Community Services?

Yes No

If "yes" please provide additional details including % of your overall activities that this represents.

Employee Coverage: Do you wish to extend the Public Liability coverage to include Employees?

Yes No

Workshop Coverage: 1 to 6 7 to 26 27 to 52 (Workshops per annum)

Please note: Workshops limited to a maximum of 30 participants at any one time.

Existing Professional Indemnity Insurance Cover:

Current Insurer : Current Indemnity limit: Expiry date: / /

Current Premium : Current Retroactive Date: / /

Complete Section 4

SECTION 3 – Diet & Nutrition

Do you undertake any invasive procedures (e.g. breaking of the skin)? Yes No

Do you administer and/or dispense and/or adjust current or new drug treatments? Yes No

If you have answered "yes" to any of the above please provide full details including training completed in respect of such activities.

Exercise Physiology/Diabetes Educator

Does your practice also include: Exercise Physiology Diabetes Education Neither

If your practice does not include Exercise Physiology and/or Diabetes Education please proceed to the next section.

Please specify as an estimated percentage of your total practice time that is dedicated to Exercise Physiology and/or Diabetes Education

25% or less 26% to 50% 51% to 75% 76% to 100%

Do you check the client's full medical history prior to making exercise recommendations?

Yes No

Please note: If you do also practice Exercise Physiology and/or Diabetes Education extra premium may apply. You are advised to NOT send in your premium until we have reviewed your Proposal Form.

Complete Section 4

SECTION 4**General Information/Claims History**

Have any claims or complaints ever been made against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any circumstances which may result in a claim against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any insurer ever declined, cancelled or imposed special conditions in relation to your liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently engaged in (or about to enter into) civil proceedings of either a professional or personal nature?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted or charged with any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been subject to disciplinary proceedings for professional misconduct by a professional society or any statutory registration board or been called upon to respond to a complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If answered "yes" to any of the above please attach all relevant documentation.

Complete Section 5

Extra Notes & Information (Please append if further notes required)

SECTION 5**Declaration:**

I acknowledge that I have read the Important Notices attached to this proposal and that I understand these notices. I acknowledge that if this proposal is accepted that the insurance will be subject to the terms and conditions of the certificate wording and will be subject to my payment of premium. I consent to the use of the personal information about me for the purposes detailed in the privacy statement including disclosure of this information to third parties in connection with this insurance. I declare that the information disclosed in this proposal is true and correct and that I have not failed to comply with my duty of disclosure nor have I included misleading information or have I suppressed information that may be relevant to the underwriter in considering my proposal for insurance.

Signed:		Dated	
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Payment

Payment Type : <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card <input type="checkbox"/> Direct Debit <input type="checkbox"/> BPay		Amount: \$
Cardholder Name:	Card No: <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"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Signature:	Expiry: / /	Visa card <input type="checkbox"/> Mastercard <input type="checkbox"/>

IMPORTANT NOTICES

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, 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 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;
- 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

AGENCY

Guardian Underwriting Services Pty Ltd ACN 060 176 543 (ABN 21 051 930 105) as Agent for the Insurer(s) shown on the Schedule. AFS Licence number 255319. This Insurance contract is written under a 'Binding Authority Agreement' which gives Guardian authority to bind insurance contracts and / or settle claims on behalf of such Insurer (s). As a consequence Guardian is acting as Agent of such Insurer(s) and not as Your Agent. Guardian is NOT the Insurer for this contract and is NOT liable for any loss or claim. The Insurer(s) are clearly shown on the Schedule.

CHANGE OF RISK OR CIRCUMSTANCE

You should advise your Guardian Underwriting Services Pty Ltd as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location and acquisitions.

SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Certificate, that you will not seek to recover such loss or damage from that person, Insurers will not cover you, to the extent permitted by law, for such loss or damage.

CLAIMS MADE CONTRACT

Subject to its terms and conditions the Certificate will cover your legal liability for any claim:

- first made against you during the Certificate Period;
- resulting from any circumstance of which you become aware during the Certificate Period which could give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the Certificate Period.

The Certificate will NOT cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the Certificate Period.

PRIVACY

Guardian Underwriting Services Pty Ltd has always protected the privacy of personal information of our valued clients. The standards by which we handle this personal information have now been set by the Privacy Act and the National Privacy Principles (NPP), which came into effect on 21st December 2001.

All Staff, Broker Representatives, Agents and Contractors have agreed to hold all information in confidence and not use it for any purpose except to carry out the service they are providing. We do not sell or share names, addresses or any other information with third parties, except to the extent necessary to complete our obligations as an Underwriting Agency or as stated in this document.

How & why do we require your Personal Information

We collect information either directly from the relevant individuals or in some cases, from third parties. They may provide information for someone else requiring the benefit of the services that we offer, such as a nominated driver, director or officer or other staff member.

The information is collected to allow us to provide our insurance services including to arrange and place insurance cover, assess and underwrite risks, and to properly administer your claims.

What we expect of you

When you provide us with information about other individuals, we rely on you to have made, or make them, aware that you will or may provide their information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties will use it for and how they can access it. If it is sensitive information, we rely on you to have obtained consent to the above. If you have not done these things, we expect you to tell us before you provide the relevant information. If you collect, use, disclose, or handle personal information on our behalf, or receive it from us, you & your representatives must meet the relevant requirements of the NPP set out in the Privacy Act 1988 and only use and disclose it for the purposes we agree to.

Transfer of information overseas

We may transfer your personal information overseas where it is necessary to provide our service. Some insurers or re-insurer's are based overseas and we need to provide your personal information to them to arrange your cover.

Opting out

We regularly distribute to our clients information about our products & services, such as newsletters, which we believe may be of interest to you. If you do not wish to receive this additional information, please contact our office.