

Professional Indemnity (Medical Malpractice) Proposal



dapaanz
fostering excellence in addiction practice



It is important that all questions are answered fully. Where there is insufficient space, please attach additional information to this proposal. This policy will solely cover the policy holder.

All material facts must be disclosed – whether subject to a specific question contained herein or not. You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance. Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.

A material fact is any fact, matter or other information which may alter or influence an insurer's assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

Applicant Details

Name of Applicant

Postal Address

Phone No.

Email

Inception Date of continuous Professional Indemnity Insurance cover or Today's Date (retroactive date)

Medical Malpractice Cover (this package automatically includes \$1,000,000 Public Liability cover).

Limit of Liability

☐

\$250,000 any one claim;
\$500,000 maximum per year

☐

\$500,000 any one claim;
\$1,000,000 maximum per year

DAPAANZ Number:

☐

Associate Practitioner

☐

Provisional Practitioner

☐

Other (please advise)

☐

Registered Practitioner

☐

Support Worker

Please provide full details of your occupation, business activities and provide a percentage (%) breakdown of each activity. What percentage, if any, of your turnover is related to work with children?

*This policy only covers Doctors and Nurses whilst in their capacity as an addiction practitioner. This policy excludes cover for administering of drugs and/or medication.

Annual Turnover related to this activity (current year)

Estimated Annual Turnover related to this activity (next year)

Statutory Liability cover (additional premium applies)

Statutory Liability

\$500,000 Limit of Liability

☐

Yes

☐

No

Please provide the following details in respect of all current staff.

Name

Professional Qualifications

Year Qualified

Statutory Liability: Provides cover for any breach or alleged breach of Strict Acts of Parliament including costs of investigation, any fines or penalties awarded, and legal defence costs for any claims occurring and reported during policy period (Note: for breaches under the Health & Safety in Employment Act - defence costs and reparation on costs only).

Claims History

Have you or any other person who is to be covered under this insurance ever had any insurance **declined or cancelled, refused, special conditions imposed, excess imposed or claim rejected?**

☐

Yes

☐

No

If Yes, please provide details below

Have you or any other person who is to be covered under this insurance ever been the subject of any legal action or disciplinary proceedings for **professional misconduct, including Health and Disability Commission investigations and/or been de-registered?**

☐

Yes

☐

No

If Yes, please provide details below

Are you or any other person who is to be covered under this insurance, after enquiry, aware of any claims or circumstances which might result in claims against you or any other person who is to be covered under this insurance?

☐

Yes

☐

No

If Yes, please provide details below

Declaration

On behalf of all proposed insureds, I/We declare and agree that

- a) All information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) If this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that SPUA requires this information in order to evaluate this proposal and that Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) SPUA is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) SPUA is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access on behalf of Certain Underwriters at Lloyd's;
- f) SPUA is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) The signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by SPUA.

Signed

Insured(s) Signature

Date

Once completed, please return to Steve Pyke:

Email: steve.pyke@wilkinsons.co.nz

Post: Rothbury Wilkinson Insurance Brokers
PO Box 11641
Manners Street
Wellington 6011