

MEDISURE PHARMACY LIABILITY APPLICATION

GENERAL INFORMATION

Duty of Disclosure - What you must tell us

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- You do not have to tell us about any matter
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.
- If you do not tell us

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

Claims made and Notified Basis of Coverage

The Professional Indemnity Insurance Policy is issued on a 'Claims made and Notified' basis.

This means that the Insuring Clause responds to:

- (a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him / her; and:
- (b) written notification of facts pursuant to Section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you. Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to policy's period of cover has expired. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, S40(3) of the Insurance Contracts Act 1984 is set out below;

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

Subrogation Waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights or of recovery against another.

If you require assistance with the completion of this form or need clarification on a question or the information required, please contact your Insurance Broker.



Medisure Indemnity Australia
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 www.medisure.com.au
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BROKER DETAILS

BROKER / INSURANCE AGENT:

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ACCOUNT MANAGER

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ACCOUNT MANAGER CONTACT DETAILS

Email:		Phone #	
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APPLICATION**INFORMATION ABOUT YOU AND YOUR BUSINESS:**

Name of all Entities and Persons to be insured:					
Phone:		Mobile:		Fax:	
Email:					
Postal Address:			Website:		
Company ABN:			Contact Person:		
Principal Address					

DETAILS OF YOUR BUSINESS

Additional Locations:	1. 2. 3.	Suburb:		Postcode:	
Date Business Established					
Annual Gross Income	\$	Please Refer to the below questions regarding the Gross Income:			
a) What percentage of this Gross Income is derived from:					
1) The sale of Non-medicinal Retail Products? %					
2) Dispensing of prescription pharmaceuticals, herbal remedies and products designed as physical or cosmetic treatments or not manufactured in-house? %					
3) Manufacture and Dispensing of customized products (including tablets, ointments, creams, capsules)? %					
4) Other? %					
b) Does the Applicant comply with the registration standards of the Pharmacy Board of Australia? <input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide details in the box provided below.					

- c) Has the applicant ever been the subject of an investigation of inquiry relating to non-compliance with the Pharmacy Board of Australia's standards and guidelines?
 No Yes – Please provide details in the box provided below.

Please advise if you undertake any non-pharmacists services below:

Acupuncture	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Audiometric Testing	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Beauty treatment	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Child Nursing Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Cholesterol Testing	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Ear piercing	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Homeopathy	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Nursing Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Podiatry	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Midwifery Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Photo & Digital Image Processing	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Methadone dispensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Any other services provided by a duly qualified and/or registered practitioner	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Other services not seen to be core pharmacist services offered?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%
Collection Agency (for a bank or for a health fund not being operated by or as an insurance collection agency)	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please advise % of income derived from this activity →	%

STAFF DETAILS

Profession	Contacted	Employed	Profession	Contacted	Employed
Pharmacists			Audiologists		
Nurses			Midwives		
Physiotherapists			Registered Medical Practitioners		
Optometrists			Podiatrists		
Dieticians			Clerical Assistants/Admin Staff		
Beauticians			Other (please specify)		
Please estimate the Total Full Time Equivalent (FTE) of all staff (above). NOTE: 1 FTE person = 38hr/w					

GENERAL QUESTIONS

Has any claim been made against the Proposer or any principal, partner, director, consultant or employee in respect of the risks to which this proposal relates?

No Yes – Please provide details in the box provided below.

Has the Proposer or any principal/partner/director/consultant or employee incurred any other loss expense which might be within the terms of cover?

No Yes – Please provide details in the box provided below.

Is any principal, director, partner, consultant or employee, after enquiry, aware of any circumstances which might

- a) give rise to a claim against the Proposer or his/her predecessors in business or any of the present
- b) result in Proposer or his/her predecessors in business or any of the present or former partners, directors, consultants, employees, or Principals incurring any losses or expenses which might be within the terms of this cover?
- c) otherwise affect the Company's consideration of this Insurance?

No Yes, please list below year, type and description of claim.

It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed coverage

Has the Proposer any other Professional Indemnity in Force? No Yes – Please provide details in the box provided below.

Insurer: Limit: Expiry Date:

Please select Limit of Indemnity required: \$2M \$5M \$10M \$20M Other:\$

Is any portion of the property to be insured in a state of disrepair or poor condition?

No Yes – Please provide details in the box provided below.

Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance application?

No Yes – Please provide details in the box provided below.

If you have answered **YES** to any of the above General Questions, please provide details here:

STAMP DUTY DECLARATION – Percentage of income by State

NSW	VIC	ACT	QLD	SA	WA	NT	TAS	O/Seas
%	%	%	%	%	%	%	%	%

PROPOSAL DECLARATION

I/We the undersigned duly authorise person(s) declare that:

- i. I am/we are authorised by each of the Proposers so sign this Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Proposal Form and otherwise made by me/us in relation to this insurance

I/We confirm that I/We have been authorised to enquire on behalf of, and sign on behalf of, the organisation.

Name:		Position:	
Signature:		Date:	

If you require assistance with the completion of this form or need clarification on a question or the information required, please call your Insurance Broker. Please fax or email you completed form to your Insurance Broker.