

GENERAL PRACTICE PROFESSIONAL INDEMNITY APPLICATION



Important Facts Relating To This Proposal Form - You should read the following advice before proceeding to complete this proposal form.

Medisure Indemnity Australia Pty Ltd (ABN 29 116 319 567) AFS Licensee #412681 arranges the insurance

The proposed insurance is issued on a 'claims made' basis.

This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to the Insurer during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured's position that a claim may be made against the insured; and

2. 'claims circumstances' notified pursuant to Section 40 (3) of the Insurance Contracts Act which states:

'where the insured gave notice in writing to the insurer of facts that might give rise to a 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'.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period. If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see Duty of Disclosure, below) so that your cover under any new policy with us is not compromised.

Pursuant to the Insurance Contracts Act your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us 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 us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into, i.e. until the date we receive instructions to bind cover.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then the Insurer shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

BROKER DETAILS

BROKER / INSURANCE AGENT:

ACCOUNT MANAGER

ACCOUNT MANAGER CONTACT DETAILS

Email:		Phone #	
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APPLICATION

Q1. Please list the names of ALL entities to be insured. *Note: you should list all ABN registered companies and trusts that may have an ownership or financial interest in the Business.*

Q2. Trading Name/s:

Q3. Company ABN/s

Q4. Contact Person:

Q5. Is the Organisation / Business Stamp Duty Exempt?

Yes *Note: you will need to provide a current completed "Qualifying Use Statement"*

No

Q6. Phone:

Q7. Mobile:

Q8. Fax:

Q9. Website:

Q10. Email:

Q11. Main Location

Q12. Additional Locations

Q13. Postal Address if different to main location

Q14. What Limit of Indemnity would you like to apply for? (please tick)

\$1 million
 \$2 million
 \$5 million
 \$10 million
 \$20 million

Q15. Please list:

	Last Financial Year	This Financial Year	Expected Next Year
Practice Turnover – Total Billings/fee’s of the Practice			
Total Medical Practitioners Fees Charged			
Number of annual consultations & procedures performed			

Q16. What is the practices Medicare Local/General Practice area?

Q17. Does your practice perform any activities outside that of a non-procedural practice*?

No – proceed to Q18.

*See list of activities on page 6 of this proposal.

Yes (Please provide details below)

Q18. Is the practice accredited by AGPAL or Similar?

No.

Yes - please tell us the number of years your organisation has been accredited for? _____

Q19. Does the Practice Manager have formal qualifications/training in Practice Management?

No.

Yes - please provide qualifications details below

Q20. Please complete the below table (Staff numbers for both Employees and Contractors)?

Please list Staff Numbers by Category	Total #	FTE	# Room Hire Only	# With Room Hire with Nursing and Admin Services
General Practitioners				
*Allied Health (please specify type below)				
Nurses				
Procedural Admin (Under Supervision)				
Practice Manager				
Reception & Admin				
Dentists				
Other staff (please specify below)				
Trainee staff				

*** Allied Health Occupations / Other Staff Details:**

Q21. Does the practice have formal approved risk management procedures covering all of the following?

- | | | |
|--|------------------------------|-------------------------------|
| A. Staff Training Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No * |
| B. Induction Program for New Staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No * |
| C. Annual Review of Procedures Manual | <input type="checkbox"/> Yes | <input type="checkbox"/> No * |
| D. Incidents and Complaints Handling Registers | <input type="checkbox"/> Yes | <input type="checkbox"/> No * |
| E. Patient Recall System | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*** If No to any of Q21. A to E please provide further details below:**

Q22. Has any insurer, in respect of the risks to which this proposal relates, ever:

- | | | |
|---|--------------------------------|-----------------------------|
| A. Declined a proposal, refused renewal or terminated an insurance contract? | <input type="checkbox"/> Yes * | <input type="checkbox"/> No |
| B. Required an increased premium or imposed special conditions? | <input type="checkbox"/> Yes * | <input type="checkbox"/> No |
| C. Declined an insurance claim by the Proposer or reduced its liability to pay a claim in full (other than by application of the excess)? | <input type="checkbox"/> Yes * | <input type="checkbox"/> No |

*** If Yes to any of Q22. A to C please provide further details below:**

Q23. Has any claim been made against the Proposer in respect of the risks to which this proposal relates?

- Yes ** – please complete below declaration
 No

**** CLAIMS DECLARATION (Reference: Q23)**

Date of Claim:		Notified to Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer (If any)	
Brief Description of Matter/Circumstance:					
Name of Claimant or Potential Claimant					
Amount Paid or Estimate of Potential Liability	\$	Is the matter Finalised or Outstanding?			

Date of Claim:		Notified to Insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Insurer (If any)	
Brief Description of Matter/Circumstance:					
Name of Claimant or Potential Claimant					

Amount Paid or Estimate of Potential Liability	\$	Is the matter Finalised or Outstanding?	
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Q24. Has the Proposer incurred any other loss or expense which might be within the terms of cover? Yes * No

Q25. Is the Proposer 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 or former partners, principals, directors, consultants or employees? Yes * No

B. Result in the 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? Yes * No

C. Otherwise affect the company's consideration of this insurance Yes * No

* If Yes to any of Q24 to Q25 A to C please provide further details below:

Q26. Does the Practice presently carry, or has the Practice ever carried, Professional Indemnity Insurance? Yes (Please provide details) No

Insurer		Expiry Date	
Limit of Indemnity		Premium (\$)	

Q27. Please provide the approximate percentage of your activities (based on fee income) applicable to each State or Territory?

NSW	VIC	QLD	SA	WA	TAS	NT	ACT
%	%	%	%	%	%	%	%

Q28. Proposal Declaration

(a) I/We declare that all answers and statements made in the application are true, correct and complete in every respect.

(b) I/We authorise the Insurer to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Organisation / Practice Name:			
Signed (Principal / Practice Manager)		Date:	

Please return your completed proposal form to your broker

Medisure Indemnity Australia Pty Ltd



If you require assistance please contact your broker

ACTIVITIES ALLOWED UNDER THIS POLICY FOR A GENERAL PRACTICE ENVIRONMENT.

IMPORTANT: This is not intended to be an exhaustive listing of the activities that can be performed within a General Practice environment. If you are unsure if a specific procedure is covered, please contact your Broker for clarification.

- | | |
|--|--|
| <input type="checkbox"/> Accident and Emergency | <input type="checkbox"/> Implanon insertion and/ or removal (<i>See Note 3</i>) |
| <input type="checkbox"/> Acupuncture - including laser acupuncture | <input type="checkbox"/> Impotence treatments (non-surgical) |
| <input type="checkbox"/> Allergy testing - desensitisation | <input type="checkbox"/> Intravenous lines and management of IV therapy |
| <input type="checkbox"/> Anaesthesia - local anaesthesia only including digital block, ring block, ankle block and Biers block | <input type="checkbox"/> IUCD - removal and insertion |
| <input type="checkbox"/> Angioma (removal of small superficial angioma and teleangiectasia only) | <input type="checkbox"/> Joint aspiration and intrarticular steroid injections |
| <input type="checkbox"/> Antenatal care (<i>See Note 1</i>) | <input type="checkbox"/> IV injections using narcotics and/or benzodiazapines for minor procedures only, such as closed reductions or dislocations and fractures |
| <input type="checkbox"/> Arterial blood gas estimation | <input type="checkbox"/> Lacerations (repair and suturing) |
| <input type="checkbox"/> Arterial line insertion | <input type="checkbox"/> Lumbar puncture |
| <input type="checkbox"/> Aspiration of breast lumps (non-soild only) | <input type="checkbox"/> Mesotherapy |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Musculoskeletal medicine (including spinal manipulation under general anaesthetic) |
| <input type="checkbox"/> Blood transfusions | <input type="checkbox"/> Neuromyotomy (non-procedural spinal nerve section) |
| <input type="checkbox"/> Botox injections | <input type="checkbox"/> Non-permanent dermal fillers (Collagen, Hylaform, New Fill, Restylane but NOT Restylane sub Q) |
| <input type="checkbox"/> Cardiology - pacemaker testing | <input type="checkbox"/> Occulational medicine |
| <input type="checkbox"/> Cardioversion | <input type="checkbox"/> Ophthalmology - fluroscein injections when directed by Specialist Ophthalmologist, removal of foreign bodies, staining for abrasions/ ulcers and use of slit lamps. |
| <input type="checkbox"/> Cautery of nose (including electrocautery) | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Central venous line insertion | <input type="checkbox"/> Pap smear test |
| <input type="checkbox"/> Chelation therapy | <input type="checkbox"/> Peri-anal haematoma - incision and excision |
| <input type="checkbox"/> Chest tube/drain insertion | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Clear light treatment | <input type="checkbox"/> Point of Care Testing |
| <input type="checkbox"/> Colposcopy | <input type="checkbox"/> Post morterms |
| <input type="checkbox"/> Compartment pressure testing | <input type="checkbox"/> Post - natal care |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Proctoscopy |
| <input type="checkbox"/> Cryotherapy - application of liquid nitrogen for treatment of superficial skin lesions | <input type="checkbox"/> Psychotherapy (non specialist) |
| <input type="checkbox"/> Defibrillation | <input type="checkbox"/> Radiotherapy (non specialist) |
| <input type="checkbox"/> Dermoscopy | <input type="checkbox"/> Radiology (non soecialist) |
| <input type="checkbox"/> Dislocation - Closed reductions only | <input type="checkbox"/> Rehabilitation medicine |
| <input type="checkbox"/> Drainage of pleural effusion | <input type="checkbox"/> Sclerotherapy and microsclerotherapy (excluding to face) |
| <input type="checkbox"/> Draining hydrocoele by fine needle aspiration | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Endovenous Laser Treatment (EVLV) | <input type="checkbox"/> Sigmoidoscopy (with or without biopsy) |
| <input type="checkbox"/> Excision of lipomas, superficial skin cancers, warts, sebaceous cysys and moles | <input type="checkbox"/> Skin grafts (split skin and full thickness less than 3cms) |
| <input type="checkbox"/> Exercise stress testing including dubotamine | <input type="checkbox"/> Soft tissue injury (non-invasive treatments) |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Suprapublic bladder tap |
| <input type="checkbox"/> Flaps (small local flaps and grafts but excluding hair transplant flaps) (<i>See Note 2</i>) | <input type="checkbox"/> Surgical assistance |
| <input type="checkbox"/> Fractures - closed reductions of simple fractures not requiring general anaesthesia | <input type="checkbox"/> TENS treatment |
| <input type="checkbox"/> Fruit acid facial peels (superficial only) | <input type="checkbox"/> VAX-D therapy |
| <input type="checkbox"/> Haemorrhoid treatments (banding injections and ligation) | <input type="checkbox"/> Venesection/Vebepuncture |
| <input type="checkbox"/> Homeopathy | <input type="checkbox"/> Wedge excision of toenail |
| <input type="checkbox"/> Hormone implants (under local anaesthetic) | <input type="checkbox"/> Zoladex implants |
| <input type="checkbox"/> Hyperbaric chamber medicine | |
| <input type="checkbox"/> Hypnotherapy | |
| <input type="checkbox"/> Immunisation | |

Note 1: Refers to general practitioners who provide antenatal care for the full antenatal period but are not involved in the induction or management of labour or in the delivery of the infant, expect where providing emergency obstetric assistance.

Note 2: Local skin flap definition. A local skin flap is an area of skin and subcutaneous tissue designed to be elevated from the skin adjoining a defect requiring closure. The flap remains partially attached by its pedicle and is moved into the defect by rotation advancement or transposition, or a combination of these maneuvers. A secondary defect will be created which may be closed by direct suture, skin grafting or sometimes a further local skin flap. A "Z" plasty is a particular type of transposition flap repair

Note 3: General practitioners who intend to insert Implanon must adhere to the RACGP guidelines (refer to www.racgp.edu.au) and complete the Implanon training course run by the manufacturer, Organon. Documentation of adherence to the above conditions may be required in the event of a claim.