

Practice Indemnity Insurance Proposal

Thank you for your application. By completing this proposal you are applying for a Practice Indemnity Policy underwritten by MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417, AFS Licence No. 238073.

In completing this proposal, 'we', 'our' and 'us' means MDA National Insurance. 'You', 'your', 'the practice' and 'the applicant' means the practice entity seeking insurance. It is important that you ensure that this insurance proposal is accurate and complete. The information requested in this form is used by us for the purpose of considering whether or not to insure you and, if so, on what terms. If there is insufficient room on the application, please provide your answer on a separate attachment.

Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty, under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. Failure to disclose material information relevant to our decision to accept your application and the terms of insurance could invalidate the insurance contract. If you have any doubt as to whether any information is relevant it should be disclosed. Please read the Important Notice on Page 6 which provides further details on your Duty of Disclosure and other important information.

1. Practice Details — PLEASE PRINT IN BLOCK LETTERS

Full legal name of entity to be insured

Trading names

Trading since

ABN/ACN

Entity type

Private Company Partnership Sole Trader Trust Not for profit

Practice address

Postcode

Postal address

Postcode

Telephone

Email

Website

Address of all other practice locations

1.1 Is this practice owned by another entity?

NO YES

If YES, please provide details

1.2 Please provide details of any related entities owned by the practice. Please list the relationship with the entity to be insured. For example, subsidiary, branch.

Name	ABN/ACN	Relation
<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"/>

Upon receipt and acceptance of your approval we will send you an offer of insurance.

Please indicate how you would like to receive this offer

Email Post

2. Authorised persons

Please provide details of the person authorised by you to arrange, renew or vary the policy and to discuss with us any relevant details. All communication regarding the Practice Indemnity Policy will be sent to the email details provided below

Title	Full name	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Email	
<input type="text"/>	<input type="text"/>	

Please provide details of any other practice staff that you would like to have access for enquiry purposes only. These persons will not be able to make changes to the Policy or be the contact for the purposes of receiving communication on the Policy.

Title	Full name	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone	Email	
<input type="text"/>	<input type="text"/>	

3. Coverage requirements

3.1 Has the practice held professional indemnity in the past?

NO YES

If YES, please provide the following details:

Insurer	Date of Expiry	Retroactive Date	Limit of indemnity	Excess or Deductible
<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"/>

3.2 What date do you want the policy to commence?

3.3 Do you require retroactive cover for any prior periods before the commencement date of the policy?

NO YES

Please refer to the Important Notice for further information on retroactive cover.

If NO, the retroactive date will be the start date of the policy.

If YES, please state the retroactive date required.

3.4 Please select your preferred policy limit

- \$10,000,000 in the aggregate with a maximum of \$5,000,000 for any one claim
- \$20,000,000 in the aggregate with a maximum of \$10,000,000 for any one claim

4. Practice services

4.1 Please provide a full description of healthcare services provided by the practice for which you require indemnity.

Include here any healthcare services provided that may not be regarded as normal for the type of practice. If you do not list the complete range of services provided, they may not be covered.

4.2 Is the practice currently accredited by a registered accreditation body? If so, by whom?

NO YES

(For example, AGPAL GPA Accreditation plus, ISO)

4.3 Does the practice have documented policies and procedures for the following?

Please tick applicable box below.

- NO YES Human Resources management and employer obligations (e.g. employee terminations, anti-discrimination and equal opportunities)
- NO YES Complaints management
- NO YES Information security and privacy
- NO YES Tasks performed by practice staff such as infection control, medication storage, clinical treatment (e.g. vaccination, iron infusions, cosmetic treatments)
- NO YES Administrative procedures performed by the practice staff (e.g. billings, patient follow up, managing appointments, advertising and social media)

4.4 Does the practice provide any of the following services?

Please tick applicable box below.

- NO YES Obstetric services other than shared care*
 NO YES Fertility treatment
 NO YES Clinical trials or research projects
 NO YES Cosmetic services (Cosmetic services are those where the primary purpose is the alteration of the external appearance of a patient for non-pathological reasons)
 NO YES Complementary medicine or alternative therapies
 NO YES Day Surgery^

* Shared care is defined as the joint management of a pregnancy with a specialist Obstetrician, GP obstetrician or maternity hospital where evidence exists of referral to a specialist Obstetrician, GP obstetrician or Public Hospital antenatal clinic and there is no involvement, or intention to be involved, with the induction or delivery.

^ Day surgery is defined as a healthcare facility that provides procedural/diagnostic services requiring general anaesthesia on a day stay basis

Please provide a full description of the services provided including whether those services are provided by medical or dental practitioners or other clinical staff

Name	Specialty	Description of Services
<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"/>

4.5 Are all premises correctly licensed to comply with all relevant State and Commonwealth regulations? NO YES

4.6 Does the practice provide or has the practice ever provided healthcare services outside Australia? NO YES

If YES, please provide a full description

4.7 Within the next twelve months are there any plans to increase the size or scope of the practice? NO YES

If YES, please describe the plans below (for example, new practice locations or the provision of new healthcare services)

4.8 What is the gross annual turnover* of the practice (please declare a gross figure)?

Last financial year

Estimate of current financial year

* The annual turnover of an entity is the total gross income that it derives in the financial year in the course of carrying on a business. Please include billings generated by all healthcare professionals and clinical staff employed or contracted by the practice prior to any apportionment or deduction of expenses and/or tax.

4.9 Please provide a breakdown of your estimated annual turnover based on State/Territory.

NSW	VIC	WA	SA	QLD	TAS	ACT	NT
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
%	%	%	%	%	%	%	%

5. Staff Profile

5.1 Health Professional

Please provide details of all Medical and Dental Practitioners who provide healthcare services for and on behalf of the practice.

Your practice could save up to 50% on its annual premium depending on the number of practitioners that hold a Professional Indemnity Insurance Policy with MDA National.

Name	Specialty	MDAN Member (please tick)	Obstetric# Services?	Full Time (6-10 sessions* per week)	Part Time (1-5 sessions* per week)
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*1 session = half a day

#Obstetric Services means practice as a GP Obstetrician or Specialist Obstetrician

Name	Specialty	MDAN Member (please tick)	Obstetric# Services?	Full Time (6-10 sessions* per week)	Part Time (1-5 sessions* per week)
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*1 session = half a day

#Obstetric Services means practice as a GP Obstetrician or Specialist Obstetrician

5.2 Clinical Staff

Please provide details of all clinical staff who provide healthcare services for and on behalf of the practice.

Please do not include any clinical staff whose only relationship to the practice is as a tenant.

Clinical staff	Total number of employees	Total number of contractors	Clinical staff	Total number of employees	Total number of contractors
Audiologist	<input type="text"/>	<input type="text"/>	Nurse - Midwife	<input type="text"/>	<input type="text"/>
Beauty Therapist*	<input type="text"/>	<input type="text"/>	Nurse - Enrolled	<input type="text"/>	<input type="text"/>
Cardiac Technician	<input type="text"/>	<input type="text"/>	Nurse - Practitioner	<input type="text"/>	<input type="text"/>
Chiropractor	<input type="text"/>	<input type="text"/>	Nurse - Registered	<input type="text"/>	<input type="text"/>
Counsellor	<input type="text"/>	<input type="text"/>	Optometrist	<input type="text"/>	<input type="text"/>
Dermal Therapist	<input type="text"/>	<input type="text"/>	Orthoptist	<input type="text"/>	<input type="text"/>
Dental Hygienist/Therapist	<input type="text"/>	<input type="text"/>	Sleep Technician	<input type="text"/>	<input type="text"/>
Dental Technician/Prosthetist	<input type="text"/>	<input type="text"/>	Osteopath	<input type="text"/>	<input type="text"/>
Diabetes Educator	<input type="text"/>	<input type="text"/>	Physiologist	<input type="text"/>	<input type="text"/>
Dietician	<input type="text"/>	<input type="text"/>	Physiotherapist	<input type="text"/>	<input type="text"/>
Exercise Physiologist	<input type="text"/>	<input type="text"/>	Podiatrist	<input type="text"/>	<input type="text"/>
Laboratory Technician	<input type="text"/>	<input type="text"/>	Psychologist	<input type="text"/>	<input type="text"/>
Medical Radiation Practitioner	<input type="text"/>	<input type="text"/>	Radiographer	<input type="text"/>	<input type="text"/>
Naturopath	<input type="text"/>	<input type="text"/>	Ultrasonographer	<input type="text"/>	<input type="text"/>
Nurse - Cosmetic	<input type="text"/>	<input type="text"/>	Other <input type="text" value="Please specify"/>	<input type="text"/>	<input type="text"/>

* if undertaking any cosmetic procedures please provide the details in Question 4.4

5.2.1 Do all clinical staff who are registered with Ahpra appear on the public register with no restrictions to their practice?

NO YES

If **NO**, please provide details of the staff who have restrictions on their practice

5.2.2 Do any staff provide healthcare services without the supervision of a medical or dental practitioner?

NO YES

If **YES**, please provide details

5.3 Other staff

Please provide details of all other staff. Other staff are those that are not involved in the clinical treatment of patients.

Other staff	Total number employed by practice	Other staff	Total number employed by practice
Practice manager	<input type="text"/>	Other <input type="text" value="Please specify"/>	<input type="text"/>
Reception or administration staff	<input type="text"/>	Other <input type="text" value="Please specify"/>	<input type="text"/>

5.4 What processes and protocols are in place to ensure that all staff employed or contracted by the Practice have appropriate qualifications and training to undertake their duties?

6. Registration and indemnity history

Understanding your medico legal case history is important to us in making decisions about offering you cover. Please provide details of any of the following questions for which you answer yes. You should include all matters, whether occurring in Australia or overseas, whether the matter was pursued or not, and whether or not the matter has been finalised. You are required to make due enquiry from entity or person whose name appears in this proposal before answering the section.

- 6.1 Have there been any claims or investigations made or threatened against the practice entity and/or an insured person in connection with the provision of healthcare services?** NO YES
- 6.2 Have any of the past or present principals or partners of the practice, any employees of the practice or any students working in the practice had any claims made against them or been involved in an investigation in connection to the provision of healthcare?** NO YES
- 6.3 Has the practice ever:**
- a) **been involved in a dispute with an employee arising from an employment contract? OR** NO YES
- b) **been the subject of a defamation claim or pursued a claim for defamation or sought legal remedy in response to potential defamation?** NO YES
- 6.4 Have there been any incidents or circumstances within the practice which may give rise to a claim, complaint or investigation including matters you have notified to an insurer as a possible claim?** NO YES
- 6.5 Does any health professional (Medical or Dental Practitioner), allied health professional or clinical staff member at the practice currently have or have ever had any conditions, undertakings, reprimands or notations placed on their registration including a requirement to be supervised or mentored?** NO YES
- 6.6 Have any health professionals (Medical or Dental Practitioner), allied health professionals or clinical staff members at the practice been the subject of a mandatory notification to the Australian Health Practitioner Regulation Agency (Ahpra)?** NO YES

If you answered YES to any question in 6.1 to 6.6, please provide details in the table below. Please also include all incidents likely to give rise to a claim or investigation, even if no claim or investigation has been made. Where there is insufficient room, please provide details on a separate attachment or a claims history from your current insurer.

If you are aware of any circumstances or incidents that has resulted in or may give rise to a claim or investigation involving the entity or an insured person please ensure you notify the matter to your current provider.

Date of incident	Description of the matter	Total cost of matter including legal fees	Date you first became aware of the matter	Has the matter been reported to an insurer or MDO?	Name of insurer or MDO to whom this matter has been notified
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="radio"/> NO <input type="radio"/> YES	<input type="text"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="radio"/> NO <input type="radio"/> YES	<input type="text"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="radio"/> NO <input type="radio"/> YES	<input type="text"/>
<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="radio"/> NO <input type="radio"/> YES	<input type="text"/>

- 6.7 Do all health professionals (Medical and Dental Practitioners) in the practice hold their own individual professional indemnity insurance?** NO YES

Note: It is a condition of the policy that the practice must ensure that all health professionals maintain their own professional indemnity insurance policies.

- 6.8 Has the practice ever had an application for this type of insurance declined, not approved or approved subject to special terms or conditions being imposed? NO YES
- 6.9 Has the practice ever had this type of insurance cancelled, not renewed or renewed only with special terms or conditions being imposed? NO YES
- 6.10 Are there any other matters that would be relevant for MDA National to be aware of in connection to the provision of healthcare services on behalf of the Practice to assess the risk being underwritten? NO YES

If you answered YES to any question in 6.7 to 6.10, please provide a detailed description of each matter on a separate attachment.

PLEASE DO NOT SEND ANY ORIGINAL DOCUMENTS WITH THIS PROPOSAL.

7. IMPORTANT NOTICE

To have a thorough understanding of the cover provided under your policy please read the following information in conjunction with the current *Practice Indemnity Policy Combined Financial Services Guide, Important Information and Policy Wording* and any *Supplementary Financial Services Guide, Important Information and Endorsement to Policy Wording* available at mdanational.com.au.

Your duty of disclosure

Before you enter into an insurance contract, you have a duty, under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Claims made cover

The Professional Indemnity Insurance Policy is a claims made contract of insurance. This means that the policy responds to matters that have occurred on or after the retroactive date you first become aware of and notify to us in writing during the period of insurance.

Retroactive Cover

The policy coverage is limited to incidents that occur on or after the retroactive date. Your policy will not cover a claim arising from an incident that occurred prior to this date. Please ensure that the retroactive date you select is sufficient and that you have no otherwise uncovered periods for which you require indemnity insurance. You may request a change to your retroactive date at any time.

Requirement to notify us

You must notify us in writing as soon as practicable of any material alteration of the risk during the period of insurance including any material change in:

- the nature of the healthcare services provided by you; or
- the number of medical practitioners or clinical staff engaged to provide healthcare services on your behalf.

You must also notify us as soon as practicable after you become aware of:

- any claim, investigation or inquiry;
- any circumstance that might lead to a claim against you or to an investigation or inquiry involving you;
- any other matter which might give rise to a claim for indemnity under this Policy.

Rights under section 40(3) of the *Insurance Contracts Act 1984* (Cth)

If you have a policy with us and you notify us in writing of circumstances which may give rise to a claim during your period of cover, the fact that you do not give us written notice of a claim relating to those circumstances before your policy has expired will not, of itself, relieve us of liability in relation to the claim. However, you must notify us of a claim, investigation or inquiry as soon as you become aware of it.

Privacy

Please note that any information you provide will be held and used by us, MDA National Limited and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy which is available on our website.

In addition, any information you provide for membership and insurance purposes may also be used to meet our or MDA National Limited's obligations in relation to Government Schemes including the Premium Support Scheme and/or the Run Off Cover Scheme and related agreement(s) with the Australian Government.

Payments

All monies received will be paid into an Australian bank account and held in trust on your behalf until we agree to accept your proposal. If we do not accept your proposal, all monies will be refunded to you.

We are entitled to the interest earned on this bank account. Your Membership Subscription is collected on behalf of MDA National Limited and will be allocated accordingly.

I declare that:

1. I am authorised by the applicant to sign this proposal.
2. I have read understood and accept the contents of this proposal and acknowledge that the information included within, or attached to, this form is accurate and complete.
3. I acknowledge that I have been provided with access to the Financial Services Guide (FSG), Important Information and Policy Wording and on behalf of the applicant I agree to be bound by the terms and conditions of the policy.
4. I understand that the applicant’s duty of disclosure exists until the contract of insurance is entered into and that they have a continuing obligation to inform MDA National Insurance of any material alteration of the risk during the period of insurance including any significant expansion of the practice (whether by acquisition of another business or otherwise), any material change to the nature of the practice and the healthcare services provided by the practice or employees of the practice as well as any other change which alters or is likely to alter the risk.
5. I acknowledge that the policy (if issued) will not provide indemnity with respect to:
 - a) claims that are made against the practice or an insured person prior to the commencement of the policy;
 - b) circumstances that the practice or an insured person was aware of prior to the policy commencing which will likely give rise to a claim; and
 - c) all matters disclosed in this proposal or matters that should have been disclosed in this proposal.

Authorisation and consent

6. The practice authorises and requests its current and former insurer to release all information requested by MDA National Insurance regarding all requests for indemnity or assistance including details of claims, complaints, investigations or inquiries, whether or not there has been a final resolution, and the applicant consents to the disclosure of such information to MDA National Insurance and any of its reinsurers or advisers, as appropriate.
7. The practice consents to MDA National Insurance and any companies, firms or individuals who assist them in providing services, (including but not limited to reinsurers, medical specialists, solicitors and barristers) holding and using the information the applicant provides, in accordance with the MDA National Group Privacy Policy.

Please SIGN and DATE below

X SIGN HERE

DD / MM / YYYY

NAME

POSITION

Medical and Dental Practitioner list

- | | | |
|-----------------------------------|-------------------------------|--|
| Anaesthetist | Gynaecologist (no Obstetrics) | Radiologist |
| Cardiologist - Minor Procedures | Medico-legal Adviser | Registrar |
| Cardiologist - Procedural | Neurosurgeon | Registrar - Non accredited trainee |
| Dermatologist | Obstetrician & Gynaecologist | Sports Physician |
| Dentist (solely dental focus) | Occupational Medicine Doctor | Surgeon (Consulting only) |
| Gastroenterologist | Ophthalmologist | Surgeon (General) |
| General Practitioner | Paediatrician | Surgeon (Obesity surgery) |
| General Practitioner - Cosmetic | Pathologist | Surgeon (Orthopaedic) |
| General Practitioner (Obstetrics) | Physician | Surgeon (Plastic and Reconstructive, including Cosmetic) |
| Geriatric Medicine Doctor | Psychiatrist | Travel Medicine Doctor |

NOTE: If there are health professionals not listed above, please provide details in the relevant staff profile section in Question 5.1.

mdanational.com.au 1800 011 255 Email: peaceofmind@mdanational.com.au Member Service Fax: 1300 011 244

The MDA National Group is made up of MDA National Limited ABN 67 055 801 771 and MDA National Insurance Pty Ltd (MDA National Insurance) ABN 56 058 271 417 AFS Licence No. 238073.
 Privacy: Please note that any information you provide will be held and used by us and any companies, firms or individuals who assist us in providing services (including but not limited to reinsurers, medical specialists, solicitors and barristers) in accordance with the MDA National Group Privacy Policy, 121.13