



**MEDICAL PRACTITIONER PROFESSIONAL INDEMNITY
INSURANCE APPLICATION FORM**



IMPORTANT NOTICE

Completing this Proposal Form does not mean that you will automatically be granted insurance cover proposed. However, if insurance is granted, it will be based upon representations you give us. Should any particulars given have changed or be incorrect you must notify us immediately. We reserve the right to revise or withdraw any insurance granted at any time subject to any changes in such particulars.

Role of Horsell Duffy Langley

Horsell Duffy Langley Pty Limited AFSL 422018 | ABN 12 155 940 604 has arrangements with various Insurers to provide Medical Practitioners Professional Indemnity Insurance. We may act as either agent of the Insured or wholesale broker to the representative of the Insured. Where we operate as a wholesale broker, we are acting on the information provided to us and provide no advice in respect to the appropriateness of the coverage and suitability of the insurance for the policy holder. Where we act as wholesale brokers, the Insured should refer to their broker for advice

Duty of Disclosure

Before you enter into a contract of general insurance with an Underwriter, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Underwriter 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 any matter:

- that diminishes the risk to be undertaken by the Underwriter;
- that is of common knowledge;
- that your Underwriter knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Underwriter.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it. Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

Non -Disclosure

If you fail to comply with your duty of disclosure, the Underwriter 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 Underwriter may also have the option of avoiding the contract from its beginning.

Change of Risk or Circumstances

You should advise Horsell Duffy Langley as soon as practicable of any material change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and activities.

Privacy Statement

We are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012. This sets out basic standards relating to the collection, use, storage and disclosure of personal information.

Our Privacy Policy, available at www.HDLbrokers.com.au or by calling us, sets out how:

- we protect your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers - including reinsurers - and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). It is likely that the information will be disclosed overseas.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insured's). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting Horsell Duffy Langley.

1. Personal Details

Intended Start Date of Policy:

Title: Given Names: Last Name:

Gender: Male Female Date of Birth:

Email:

Telephone: Mobile:

Home Address:

Street Address: State:

Suburb: Postcode:

Practice Address:

Street Address: State:

Suburb: Postcode:

Are you a Practice owner? Yes No

2. Qualifications

Qualification	Institution	Year Obtained	Country
<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. College Memberships

College	Year Fellowship Obtained
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3.1 Are you currently in a training program? Yes No If Yes, when did you commence

4. Registration

4.1 Are you working on a 422 or 457 visa whilst in Australia? (If Yes, please attached a copy) Yes No

4.2 AHPRA registration number:

4.3 Year first registered in Australia:

4.4 Have you ever practiced under a different name? Yes No

- 4.5 Have you ever been refused registration, been suspended or deregistered in any country (including voluntary relinquishing your registration)? Yes No
- 4.6 Have you ever had any conditions, limitations, notations, reprimands or undertakings imposed on your registration in any country (anything that would be considered an adverse decision to having standard registration)? Yes No

If you have answered Yes to either 4.4, 4.5 or 4.6 please provide further information.

5. Insurance History

- 5.1 Have you ever been involved in an inquiry, investigation, complaint, coronial inquest in relation to your conduct as a provider of healthcare services? Yes No
- 5.2 Have you (or a healthcare providing organisation for whom you have worked) ever been involved in any claims, demands, suits or legal actions which have arisen out of your provision of healthcare? Yes No
- 5.3 Are you aware of any act, error, omission or circumstance that has arisen from your provision of healthcare services that could or should have been notified under any current or prior insurance policy or other arrangement under which you are or were entitled to indemnification? Yes No
- 5.4 Have you ever been charged with, convicted of or found guilty of a criminal offence in any country? Yes No
- 5.5 Have you ever self-notified or been the subject of a voluntary notification to AHPRA or any other healthcare registration authority in any country? Yes No
- 5.6 Has any adverse action ever been taken against you by an employer, medical board, hospital, health authority, medical college or statutory body in any country? Yes No
- 5.7 Is there any circumstance or situation, past or present, which you are aware of or should reasonably be aware of that relates to your provision of healthcare that is likely to give rise to any claim that would be covered under this policy? Yes No
- 5.8 Have you ever been involved in any type of employment dispute arising from the provision of healthcare services including those services provided by you to a healthcare providing organisation or services provided to you by an employee or contractor? Yes No
- 5.9 Have you ever held medical or professional indemnity insurance in the past? (list below) Yes No

Insurer	Period of Insurance	Retroactive Date	Reason for Moving	Premium

- 5.10 Has any application for or renewal of medical or professional indemnity insurance ever been declined or cancelled, had a loading, deductible or special condition placed on your policy or have you ever been provided a policy with a reduced level of cover? Yes No
- 5.11 Have you ever provided healthcare without medical indemnity insurance in place (your own or a policy under which you were entitled to cover) or declined to take run-off cover for a period(s) where you were not practicing? Yes No

If you answered Yes to any of the above please provide further information.
Claims history to be provided in Section 8.

6. Medical Practice Information

6.1 In what Healthcare Services specialisation do you practice in?

Please refer to the list of Healthcare Services specialisations following this application for information. It is important to check that the Healthcare Services specialisation you select provides cover for all work you undertake for which you require insurance. If you are unclear which Healthcare Services specialisations to select please contact Horsell Duffy Langley.

6.2 Average hours worked per week:

6.3 Years in Private Practice:

6.4 Do you undertake any procedures/medical services usually considered to be outside of your specialisation? If yes, provide details.

Yes No

6.5 Do you intend to practice in numerous Healthcare Services specialisations in the next 12 months?

Yes No

If yes, please list below, identifying the percentage of your work in each category:

Category	Percentage of your Gross Billings
Total:	100%

6.6 If you provide healthcare in multiple States in Australia please advise of the percentage breakdown for the next 12 months:

6.7 Do you currently, or have you ever performed cosmetic procedures that are not listed under the Healthcare Services specialisation(s) you have selected? If Yes, provide details.

Yes No

6.8 Do you require medical indemnity insurance for the provision of healthcare to public patients where you are not entitled to indemnity from any other source?

Yes No

If Yes, do you treat public patients in public hospitals? Yes No

Or, do you treat public patients in your rooms, private hospitals or other health care facilities? Yes No

6.9 Please advise your annual estimated Gross Billings for the next 12 months and the previous 2 years:

	Private Billings	Public Billings
Estimated Gross Billings for the year commencing 01-Jul-16		
Actual Gross Billings for the year commencing 01-Jul-15		
Actual Gross Billings for the year commencing 01-Jul-14		

Do NOT record a Gross Billings band. A dollar amount is required for all healthcare billings for which you require insurance cover. Medicare billings represent Gross Billings from the treatment of private patients. If you require cover for the treatment of public patients include the Gross Billings in the second column with your income generated from this work, however it is derived.

6.10 Have you ever practiced in another specialisation in the last 5 years? If Yes, provide details.

7. Retroactive Cover

As of 1 January 2016 it is a requirement under the Medical Board's revised Registration standard for professional indemnity insurance (PII) arrangements that all Medical Practitioners with professional indemnity insurance have appropriate retroactive cover for otherwise uncovered matters arising from prior practice undertaken in Australia. Insurer's may provide you with unlimited retroactive cover for any prior practice you have undertaken.

8. Claims History

If you have answered YES to any question in Section 5: Insurance History, please provide a detailed description of each matter below:

Date of Incident	Date you became aware of incident	Details of incident including gender and age of patient (where applicable)	Date reported to past insurer

Any claims and circumstances which might give rise to a claim(s) or proceedings must be reported to us as soon as possible.

Declaration

I declare that the answers given herein are in every respect true and correct and that I have not withheld any information likely to affect the acceptance of this insurance and that I have read and understood the Policy document. I have sought clarification of any aspects of the proposal form or Policy document I did not understand.

I acknowledge that the Insurer may give to, and obtain from, other insurers, personal information of mine relating to this insurance as well as insurance claims information obtained during the course of any contract I have with the Insurer.

I also acknowledge that the Insurer is not obliged to automatically accept the insurance proposed above, however the Insurer will formally advise me of the extent to which they are prepared to offer insurance by quotation, schedule or otherwise in writing.

I authorise Horsell Duffy Langley and its agents to obtain from other insurers, insurance reference bureaus or similar organisations any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.

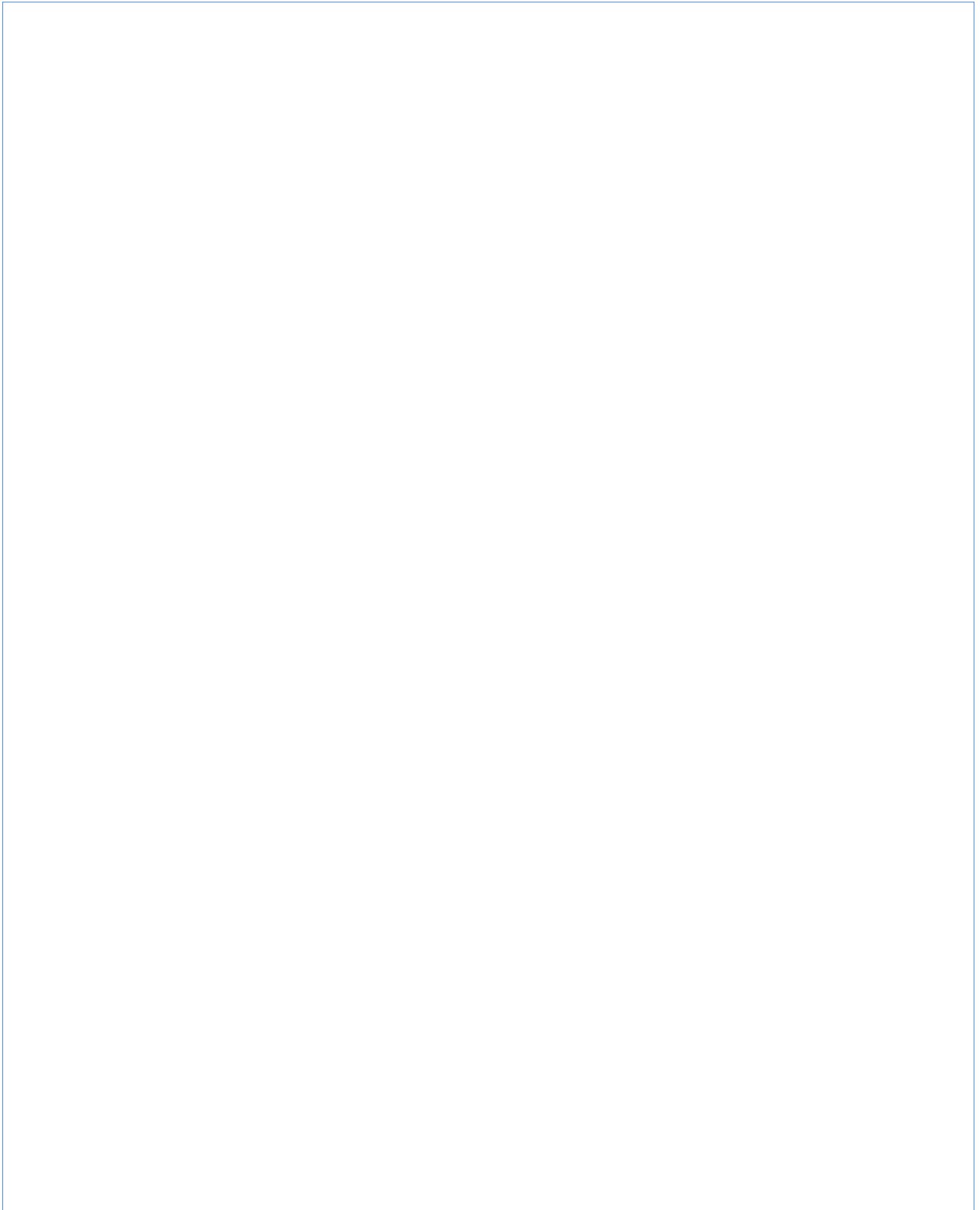
Signature in Full

Name (Please print)

Dated:

A copy of this proposal form should be retained by you for your records.

Additional Information



Healthcare Services Specialisations

Anaesthesia

Bariatric Surgery

(Includes work in the GENERAL SURGERY specialisation but also includes Bariatric procedures)

Cardiology - Interventional

(Includes work in CARDIOLOGY - NON-INTERVENTIONAL specialisation but also includes interventional procedures)

Cardiology - Non-Interventional

(Excludes any interventional procedures)

Cardiothoracic Surgery

Colorectal Surgery

Cosmetic Proceduralist

(Practitioners with General Registration only that perform surgical cosmetic procedures)

Dermatology

Emergency Medicine

Endocrine Surgery

Endocrinology

Gastroenterology

General Physician

General Practice - Non-Procedural

(Includes non-procedural work but no anaesthetic, cosmetics or obstetric work)

General Practice – Procedural A (

Includes work in the GP Non Procedural category but also includes procedural work, regional anaesthetic, minor cosmetics but no obstetrics)

General Practice – Procedural B

(Includes work in both the GP Non-Procedural and GP Procedural A categories but also includes general anaesthetic, obstetrics but no surgical cosmetic procedures)

General Surgery

(Excludes any Bariatric procedures)

Genetics

Geriatric Medicine

Gynaecology/IVF

Haematology

Hospital Medical Officer

Immunology And Allergy

Infectious Diseases

Intensive Care

Medico-Legal

Nephrology

Neurology

Neurosurgery

Nuclear Medicine

Obstetrics & Gynaecology

Occupational Medicine

Oncology

Ophthalmology - Non-Procedural

(Excludes any surgical procedures)

Ophthalmology - Procedural

(Includes work in the OPHTHALMOLOGY - NON- PROCEDURAL specialisation but also includes surgical procedures)

Oral & Maxillofacial Surgery

Orthopaedic Surgery

(Excludes any neck or spinal procedures)

Orthopaedic Surgery – Incl. Spinal and Neck

(Includes work in the ORTHOPAEDIC SURGERY specialisation but also includes any neck or spinal procedures)

Otolaryngology (Surgery)

Paediatric Surgery

Paediatrics

Pain Management

Palliative Care

Pathology

Pharmacology

Plastic & Reconstructive Surgery

(Excludes any cosmetic procedures)

Plastic, Reconstructive And Cosmetic Surgery

(Includes work in the PLASTIC & RECONSTRUCTIVE SURGERY specialisation but also includes any cosmetic procedures)

Psychiatry

Public And Community Health

Radiation Oncology

Radiology

Rehabilitation

Respiratory Medicine

Rheumatology

Sports Medicine

Ultrasound - Diagnostic

Urology

Vascular Surgery



Horsell Duffy Langley Pty Limited
ABN 12 155 940 604 AFSL 422018

www.HDLbrokers.com.au

Suite 7.03, Level 7, 210 George Street
Sydney NSW 2000

P: 1300 565 622
E: info@HDLbrokers.com.au

