

Day Surgeries and Medical Centres Medical Malpractice Insurance Application

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



You must read this notice before you complete the application form.

Duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, 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 you 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

This Policy operates on a 'claims made and notified' basis. This means that the Policy covers you for claims made against you and notified to us during the period of insurance.

The Policy does not provide cover in relation to:

1. acts, errors or omissions actually or allegedly committed prior to the retroactive date of the Policy (if such a date is specified);
2. claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
3. claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
4. claims made, threatened or intimated against you prior to the commencement of the period of insurance;
5. facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this Policy; and
6. claims arising out of circumstances noted on the proposal form for the current period of insurance or on any previous proposal form.

Where you give notice in writing to us of any facts that might give rise to a claim against you as soon as reasonably practical after you become aware of those facts but before the expiry of the period of insurance, you may have rights under section 40(3) of the *Insurance Contracts Act 1984 (Cth)* to be indemnified in respect of any claim subsequently made against you arising from those facts notwithstanding that the claim is made after the expiry of the period of insurance. Any such rights arise under the legislation only. The terms of the Policy and the effect of the Policy is that you are not covered for claims made against you after the expiry of the period of insurance.

Privacy

We'll collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit qbe.com.au/privacy or contact QBE Customer Care.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

Sensitive information

We have also asked you to provide us with sensitive information about yourself or others insured under this policy, which could include health information, criminal history or professional memberships. This information is required because it is relevant to our decision as to whether or not to issue the product wish to take out with us and the terms we may issue it to you on.

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IMPORTANT: Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
Where provided, tick (✓) appropriate box to indicate answer.

A. Your details

Full name of all entities to be insured. (You must specify the names of all entities including service, administrative or nominee companies and subsidiaries that are to be covered by this Policy).

Address of head office or principal office

	Website			
		State	Postcode	

Address(es) of branch offices or other locations.

		State	Postcode	
		State	Postcode	
		State	Postcode	

Date on which the business was established (dd/mm/yyyy)

Partners/principals/directors details:				Period practicing as partner/principal/director	
Names of all partners/principals/directors	Age	Qualifications	Date qualified (dd/mm/yyyy)	This business	Previous business

Please provide curriculum vitae or resumes for all partners / principals / directors detailing qualifications and a summary of career experience.

Total number of:

(a) Surgeons		(f) Pharmacists	
(b) Doctors		(g) Registered nurses	
(c) Interns		(h) Enrolled nurses	
(d) X-ray technicians		(i) Undergraduate or student staff	
(e) Laboratory technicians		(j) Other medical or allied health employees	
			Total

B. Business details

Has the name of the business ever been changed? Yes No

Have you merged with any other business? Yes No

Have you purchased any other business? Yes No

If 'Yes' to any of the above, please supply details.

Is any partner, principal or director connected or associated (financially or otherwise) with any other business? Yes No

If 'Yes', please provide details:

Please list the professional bodies or associations you belong to.

Do you maintain accurate descriptive records of all medical services rendered? Yes No

Do you ensure that all doctors of medicine (whether employed or visiting) who provide services for, or use the facilities of, the day surgery/medical centre are members of a recognised medical defence union/association or protection society, or otherwise carry their own malpractice liability insurance covers? Yes No

Is there a blood banking facility? Yes No

If 'Yes', please provide the following details:

(a)	• percentage of blood bought (%)	
	• percentage of blood collected (%)	
(b)	• approximate number of litres per annum	
	• approximate number of plasmapheresis procedures carried out per annum	
	• estimated annual gross receipts from the sale of the following per annum:	
	- white blood (\$)	
	- blood plasma (\$)	
	- serum (\$)	
	- other blood products or derivative (\$)	

(c) Please provide details of:

- the screening procedure of persons from whom blood or plasma is drawn.

- the screening procedure of the products identified in question (b)(iii) prior to their sale, use or disposal.

Please provide the approximate percentage of income you earn from each of the following services:

Service	%	Services	%
(a) Medical centre (no surgery)		(e) Chiropractic services	
(b) Medical centre or day surgery (involving surgery)		(f) Cosmesis services	
(c) Family planning services (including terminations and vasectomies)		(g) Other	
(d) Rehabilitation clinic		TOTAL	100%

Please provide the number of beds maintained by the day surgery/medical centre (including day surgery beds)

Please provide the approximate annual occupancy rate for the last financial year (%)

C. Financial details

When is your financial year end (dd/mm/yyyy)

What is the amount of gross income/fees for the following:

- current financial year (estimate)
- last financial year
- previous financial year

Australia (\$A)	Overseas (\$A)

What is the amount of the largest annual fee for any one client

Please provide the approximate percentage of your activities (based on gross income/fees) applicable to each State, Territory and Overseas

NSW (%)	VIC (%)	QLD (%)	SA (%)	WA (%)	TAS (%)	NT (%)	ACT (%)	O/S (%)

D. Claims details

Please answer the following AFTER ENQUIRY of all persons to be insured under this policy:

Have any claim(s) been made, or negligence alleged in the last ten (10) years against: Yes No

- you;
- any predecessors in business;
- any prior business of any of your past or present directors, partners or principals;
- any person to be insured under this policy; or

Have any circumstances been notified to insurers that may give rise to a claim?

Yes No

If 'Yes', please provide the following details in respect of each matter.

Date matter notified (dd/mm/yyyy)	Name of insurer (if any)	Name of claimant or potential claimant	Brief description of matter	Amount paid or estimate of potential liability (\$)	Is matter finalised or outstanding?

Are there any circumstances not already notified to insurers which may give rise to a claim against you or any person insured under this policy?

Yes No

If 'Yes', please provide the following details in respect of each matter.

Name of claimant or potential claimant	Brief description of matter	Estimate of potential liability (\$)

Have you or any of your partners, principals or directors ever been refused this type of insurance or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? If 'Yes', please provide details:

Yes No

Have you or any of your partners, principals or directors ever been declared bankrupt in the last five (5) years? If 'Yes', please provide details:

Yes No

Have you or any of your partners, principals or directors been the subject of administration proceedings in the last five (5) years? If 'Yes', please provide details:

Yes No

Have you or any person to be insured under this policy ever been subject to disciplinary proceedings for professional misconduct? If 'Yes', please provide details:

Yes No

Have you or any of your partners, principals or directors been convicted of any criminal offence (other than minor traffic convictions) in the last five (5) years? If 'Yes', please provide details:

Yes No

E. Insurance cover details

Do the business presently carry or has the business ever carried malpractice liability insurance?

Yes No

If 'Yes', please provide details:

Insurer	<input type="text"/>
Expiry date (dd/mm/yyyy)	<input type="text"/>
Limit of indemnity (\$)	<input type="text"/>
Premium (\$)	<input type="text"/>

F. Application for cover

Limit of indemnity required (\$)

Deductible/excess requested (each and every claim) (\$)

Optional extensions:

- Aggregated limit of indemnity (reinstatement)
- Fidelity
- Previous business

Yes No

Yes No

Yes No

Fidelity cover

(To be completed only if you are applying for the fidelity extension)

Do you presently carry any fidelity guarantee insurance?

Yes No

If 'Yes', please provide details:

Insurer	
Expiry date (dd/mm/yyyy)	
Limit of indemnity (\$)	
Premium (\$)	

Has the business sustained any loss through the fraud or dishonesty of any employee?

Yes No

If 'Yes', please provide details and state precautions taken to prevent a recurrence.

Is any member of your staff allowed to handle cash or transferable documents or sign cheques on his/her signature alone?

Yes No

How often and by whom are the entries in the cash book checked with vouchers and reconciled with bank statements and returned cheques?

Do you always require and obtain satisfactory references when engaging employees?

Yes No

Previous business cover

(To be completed only if you are applying for the **previous business extension**)

Name of principal, partner or director seeking previous business cover	Name(s) of previous business(es)	Estimate gross income for previous business(es) for two (2) financial/ calendar year ends immediately prior to principal, partner or director leaving	To the best of your knowledge, does the previous business(es) carry their own current Professional Indemnity Policy?	Please provide details of the types of professional services offered by the previous business(es)

Your answers to the claims and circumstances questions in this application form must fully reflect the claims and circumstances history of any prior or previous business.

G. Declaration and authorisation

Please remember we will treat a statement or claim or act or omission by any one of the applicants as a statement or claim or act or omission by all of the applicants

- I/we have a copy of the Product Disclosure Statement (PDS) and the Policy Booklet.
- I/we declare that all answers and statements made in the application form are true, correct and complete in every respect.
- I/we authorise QBE Insurance (Australia) Limited ABN 78 003 191 035 to give or obtain from other insurers or insurance references 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.

Name of Business

Signed: Chief executive officer/ General manager

Date (dd/mm/yyyy)

Please return the completed application form to your financial services provider.

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035