Application for Insurance

Health Professionals Insurance Plan

AON

IMPORTANT NOTICES

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

Answer all questions. Blanks and/or dashes, or answers 'known to underwriters or brokers' are not acceptable and will delay consideration of this proposal. If there is insufficient room to complete a question, please answer the question on a separate page and attach it to this application form. Any documents attached to the proposal form are part of this proposal. Where appropriate, please tick the yes or no box which best indicates your reply.

Eligibility for this insurance

This Professional Indemnity/Medical Malpractice and Liability Insurance Application is for individual health practitioners only and, if applicable, their employees acting in an administration support role (i.e., non-health professional). Cover is not provided to other employees or contractors in your practise. Professional Liability, Legal and Disciplinary Defence Costs and Loss of Earnings During Hearing/Enquiry Cover is provided for a wide range of modalities.

Duty of Disclosure

You have a duty to disclose all information that You may have that will be material to the risk You wish to insure. The duty to disclose all information that is material is an ongoing duty. Information that is material includes any information that would influence the decision of a prudent insurer to decide whether to accept the risk (provide you with insurance) and if so, the terms that will apply including the premium, limitations of cover, excess or any other special requirements.

Notes

1. The premium for the Health Professionals Insurance Plan is inclusive of GST and an administration fee.
2. This Insurance is Underwritten by Vero Liability Insurance Limited. "AA-" Insurer. Financial strength Rating by Standard & Poor's (SP Global Ratings).

Part A: General Information

Applicant Name:

Please include any company or trading name if applicable

Postal Address:

Postcode:

Email:

Contact Numbers:

Website:

Qualifications:

Please list your relevant qualifications and when you obtained them:

Qualifications	Date

Professional Bodies or Associations:

Please list the relevant Professional Bodies or Associations of which you are a member:

Professional Bodies / Associations

Animals

Do you treat or practise on animals? Yes ☐ No ☐

If you answered yes to the above, please list the types of animals being treated:

Number of People in your Practice:

Please provide the number of people that work for you in your Practice

(a) Partners/Directors	(b) Non-technical Admin Staff	(c) Qualified Staff (Employed Health Professionals)	(d) Contractors

If you employ Qualified Health Professionals or have Health Professional Contractors, do you require them to hold their own insurance? Yes ☐ No ☐

N.B. This insurance application does not include cover for other qualified partners/directors/staff or contractors. Each partner/director/staff member or contractor requires their own individual professional indemnity malpractice cover. This insurance application only applies to you.

Part B: Summary of Cover

Please tick all your modalities below:

N.B The Premium for Health Professional Insurance Plan is inclusive of GST and an administration fee

Category A1 – Occupations covered by Category A1 – Annual Premium: $546.25							
☐	Addiction Counsellor – DAPAANZ Member	☐	Dispensing Optician	☐	Medical Imaging Technologist (NZIMRT)	☐	Practice Nurse (NZCMHN)
☐	Anatomy Trains Structural Integration	☐	Emotional Freedom Techniques Practitioner	☐	Melonagrapher	☐	Radiation Technician (NZIMRT)
☐	Art Therapist (ANZACATA)	☐	Energy Healer	☐	Medical Laboratory Technologist	☐	Radiologist Assistant
☐	Ashanti	☐	Esoteric Healing Practitioner	☐	Massage Therapist (MNZ)	☐	Reiki
☐	Audio Metrist	☐	Feldenkrais Method	☐	Magnetic Resonance Imaging Technologist	☐	Registered Nurse (NCMHN)
☐	Baby Sleep Consultant	☐	Hanna Somatic Movement	☐	Metal Health Nurse (NZCMHN)	☐	Reflexologist
☐	Bioenergy Therapist	☐	Healing Touch Practitioner	☐	Registered Music Therapist (MThNZ)	☐	Radiographer
☐	Buteyko Breathing	☐	Health Care Assistant (NZCMHN)	☐	Nordic Walking Technique	☐	Sonographer
☐	Chakra Counselling	☐	Health Coach	☐	Nutritionist	☐	Shiatsu
☐	Charge Medical Radiation Technologist	☐	Holistic Bodywork Practitioner	☐	Neuromuscular Therapist	☐	Somatic Movement Therapy
☐	Clinical Art Therapist (ANZACATA)	☐	Indian Head Massage	☐	Nurse (NZCMHN)	☐	Sports Nutritionist
☐	Clinical Dental Technician	☐	Kinesiology	☐	Occupational Health Nurse (NZCMHN)	☐	Relaxation Massage
☐	Craniosacral Therapist	☐	Lighting Process Practitioner	☐	Occupational Therapist	☐	Theatre Nurse (NZCMHN)
☐	Craniosacral Therapist	☐	Lymphatic Drainage Therapy	☐	Podiatrist	☐	Tibetan Sound Therapy
☐	Dance Therapist (DTNZ)	☐	Lymphedema Therapist	☐	Phlebotomist	☐	Ultra Sonographer
☐	Dietitian	☐	Lactation Consultants	☐	Postural Alignment Specialist (no Manipulation)	☐	Vibrational & Sound Practitioner
☐	Doula – ELDAA Member	☐	Speech Language Therapist – Member of NZSLT Premium: $460 incl GST & Admin fee	☐	Maori Traditional Healing - Rongoa Maori - member of Te Kahui Rongoa - Premium: $500.25 incl GST & Admin Fee		

Please enter your Te Kahui Rongoa membership number: ☐

Category A2 – Occupations covered by Category A2 – Premium: $603.75 Excess:$1,000									
☐ Addiction Counsellor (Not DAPAANZ Member)	☐ Clinical Art Therapist (Not ANZACATA member)	☐ Life Coach	☐ Medical Radiation Therapists (not MZIMRT Member)	☐ Orthotists	☐ Rapid Transformation Therapy
☐ Art Psychotherapist (Not ANZACATA member)	☐ Counsellor	☐ Medical Scientist	☐ Mental Health Nurse (not NZCMHN member)	☐ Play Therapists	☐ Social Worker
☐ Art Therapist (not ANZACATA member)	☐ Clinical Hypnotherapist	☐ Music Therapist (Not MTNZ member)	☐ Neuro Semantics Trainer	☐ Practice Nurse (not NZCMHN member)	☐ Sports Scientist
☐ Athlete Life Advisor	☐ Dance Therapist (not DTNZ member)	☐ Māori Traditional Healing- Rongoa Māori	☐ Neurolinguistic Therapy	☐ Pilates Coach/ Gentle Exercise Instructor	☐ Tai Chi
☐ Baby carrying/Baby Wearing Consultant	☐ Functional Medicine Coaching	☐ Massage Therapist (not MNZ member)	☐ Nurse (not NZCMHN member)	☐ Parental Coaching	☐ Theatre Nurse (not NZCMHN member)
☐ Beauty Therapist (appearance nurse) excl Botox	☐ Health Care Assistant (Not NZCMHN member)	☐ Matrescence Therapist	☐ Nuclear Medicine **Technologist**	☐ Qigong	☐ Violence Prevention Co-Ordinator)
☐ Behavior Therapist	☐ Inclusion & Diversity	☐ Medical Imaging Technologist (Not NZIMRT member)	☐ Occupational	☐ Radiation Technician (not member)	☐ Yoga
☐ Clinical Exercise Physiology	☐ **Journey** Therapist	☐ Myofascial Release Instructor	☐ Doula – Non- ELDAA Member	☐ Maori Traditional Healing - Rongoa Maori - non member of Te Kahui Rongoa	

Category A2i – Occupations covered by Category A2i – Premium: $632.50, Excess:$1,000		
☐ Acupuncturist	☐ Aromatherapist	☐ Psychotherapist
Category A3 – Occupations covered by Category A3 – Premium: $713.00 Excess:$1,000		
☐ Anesthetic Technician	☐ Health Improvement Practitioner	☐ Personal Trainer
☐ Psychologist	☐ Sports Coach	☐ Medical Physicists and Engineers (Excluding Claims arising from owners of equipment and other users)
Category A3i – Occupations covered by Category A3i – Premium: $862.50, Excess:$1,000		
☐ Hijama Cupping	☐ Holistic Pelvic Care	☐ Hydro Colon Care
☐ Laser Therapy Treatment- pain relief, tattoo or skin and hair removal without Botox		☐ Physiotherapist
Category A5 – Occupations covered by Category A5 – with Membership Premium: $414.00 Excess:$1,000 Without Membership Premium: $575.00 Excess:$1,000		
☐ Bowen Therapist- BTNZ member	☐ Homeopath – NZCH member	☐ Medical Herbalist – NZAMH member
☐ Bowen Therapist- non BTNZ member	☐ Homeopath – non NZCH member	☐ Medical Herbalist – non - NZAMH member
☐ Naturopath /Naturopath& Medical Herbalist – NMHNZ member	☐ Naturopath – Non NMHNZ member	

Category A6 - Occupations covered by Category A6 - Premium: $753.25, Excess: $2,500

☐ Physician Associates

**if you require cover to treat animals, please advise us on page 1 of this form or in your email as an additional premium will apply, starting at $115. We will confirm this to you after the underwriter has reviewed your proposal.

**Aon's Administration fee for Category A6 member is $125 + GST

**Aon's Administration fee for Category A5 member is reduced from $100 +GST to $60 + GST

****Premium includes $100 Administration Fee and GST N.B. If you have more than one modality the premium for the highest modality category will apply.**

Premium based on Modalities - Please select the Category of your modalities-

Modality/ies:

Please list your modality/ies that is not showing below table.

N.B- it will be required to refer to insurer for the quotation.

Modality/ies

The Health Professionals Insurance Plan provides the following for above mdalities:

1. Professional Liability:
Professional indemnity and medical malpractice arising from your negligence in performing your modality. Covering your legal liability to pay compensation or damages and the costs incurred for your legal fees.

Limit of Liability per claim	Maximum all claims during policy period	Excess
$500,000	$1,000,000	$1,000/ $2,500

2. Legal and Disciplinary Defence Costs:
This covers legal costs and expenses incurred in the defence of any action or enquiry brought against you such as Medical Disciplinary Hearings, Committees of Inquiry, Courts Martial, ACC Inquiries, Privacy Complaints Tribunal, Coroners Courts, and the like.

Limit of Liability per claim	Maximum all claims during policy period	Excess
$500,000	$1,000,000	$1,000 / $2,500

3. Loss of Earnings:
This covers the costs incurred if you have to attend a Court of Inquiry because of a claim against you

Policy Pays per Week	Maximum period	Excess
$1,000	13 weeks	**

Part C: Optional Insurance Cover

Please complete this section only if you require the following additional policies.

1. General Public Liability:
Third party bodily injury or property damage

Options	Limit of Liability	Annual Premium	
Option 1	$1,000,000	$150 + GST	☐
Option 2	$5,000,000	$350 + GST	☐

2. Statutory Liability:
Defence costs and certain fines and penalties cover

Options	Limit of Liability	Annual Premium	
Option 1	$500,000	$150 + GST	☐
Option 2	$1,000,000	$200 + GST	☐

N.B. Subject to Insurer's review of this Insurance Application.

** Statutory Liability will be require for insurer referral**

Part D: Insurance History

1. Do you currently have a Professional Indemnity/Medical Malpractice insurance policy? Yes ☐ No ☐

If you answered **yes**, please provide a copy of your current policy schedule. Attached ☐

If you answered **no**, please provide the date you began practice: Date: _____
N.B. this application may not cover you for your practice prior to the date this policy commences.

with Aon ☐

2. Has **any** Insurer declined a proposal for Professional Indemnity/Medical Malpractice Insurance; Required an increased premium or imposed special terms; Declined to renew the insurance; or Cancelled the insurance? Yes ☐ No ☐

If you answered **yes**, please provide details:

3. Have you ever been the subject of any claim or complaint for medical malpractice, negligence, error or omission, or has there been any disciplinary proceedings or inquiry (include current inquiries) in connection with the standard of care provided by you? Yes ☐ No ☐

4. Are you aware of any circumstances which may give rise to a claim or complaint being made against you? Yes ☐ No ☐

If you answered **yes**, please provide details:

Part E: Declaration/Acknowledgement

I declare that:

1. Subject to any rights I have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Aon.
2. This Proposal shall be the basis of the contract between the Insurers and I; and I am willing to accept cover subject to Insurers' policy terms, conditions, exclusions and any special terms they may require.

I authorise:

3. Aon to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party, any information relating to this or any other insurance held or previously held by me and any claim(s) made by me.
4. Aon to use my personal information to advise me of Aon's products and/or services.

I agree:

To Aon disclosing personal information to third parties such as insurers who may be located outside of New Zealand and who may not be subject to data protection laws that are comparable to those in New Zealand.

I confirm:

5. That I have obtained the consent of any other person whose personal information I provide to Aon as part of this application or under any resulting policy or claim, to disclose their personal information to third parties such as insurers who may be located outside of New Zealand, having advised them that those third parties may not be subject to comparable data protection laws to those in New Zealand.
6. That I have read the Important Information and Terms of Business as mentioned in the below section.

ABOUT AON

Aon is a leading provider of insurance and risk services. It is part of the Aon Group, which is a global leader in the design and provision of insurance, reinsurance, risk and employee benefit services.

Aon is a Financial Advice Provider (FSP16841) and holds a licence issued by the Financial Markets Authority to provide a financial advice service. Aon receives remuneration from the underwriter and charge you an administration fee. These charges are included in the premiums shown. References to other documents.

As your insurance broker, we want to draw your attention to important matters relating to your insurance. A copy of our important notices document can be found at: www.aon.co.nz/AonNZ/media/Terms-of-Business/Aon-Important-Notices.pdf.

Our relationship with you is governed by our terms of business. A copy of our terms can be found at: www.aon.co.nz/About-Aon/Terms-of-Business

I undertake:

To inform Aon immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Please ensure you read and sign this Declaration.

Signature of this form does not bind the Firm or the Insurers to complete the insurance.

Signature _____ Date _____

Place your Signature Here
Click on "E-Sign" found at the top toolbar

Please return your completed proposal to nz.hp@aon.com