

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland, New Zealand, Tel 09 308 1100, Fax 09 308 1114a

Notice

This is a proposal form for a claims made policy.

The policy will only respond to claims and/or circumstances which are first made against you and notified to Lumley General Insurance (N.Z) Limited during the policy period. The policy will not provide cover for:

- (a) Events that occurred prior to the retroactive date of the policy (if specified).
- (b) Claims made after the expiry of the policy period (or extended reporting period if available) even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- (c) Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- (d) Claims made, threatened or intimated prior to the commencement of the policy period.
- (e) Facts or circumstances in your knowledge prior to the policy period which you knew had the potential to give rise to a claim under the policy.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you do not have enough room, please attach additional sheets.

Duty of Disclosure

You have an ongoing duty to disclose all Material Facts and failure to do so could prejudice future claims. Material Facts are those which may influence a prudent insurer in deciding whether or not to insure you, on what terms, and at what premium.

Applicant details

1 Name of applicant including trading names, names of subsidiaries and any parties required to be insured:	
<hr/> <hr/>	
2 Postal address:	
<hr/> <hr/> <hr/>	
3 Website address:	4 Contact person:
<hr/>	<hr/>
5 Email address:	6 Fax no:
<hr/>	<hr/>

Business details

1 State the nature of the profession/business including a full description of your activities and in particular those activities where you provide advice, design or opinion which may be relied upon by a third party:	
<hr/> <hr/> <hr/> <hr/>	
2 Please provide the approximate division of your patients between:	
Patients	Percentage
(a) General medical	%
(b) Oncology	%
(c) Obstetrics/maternity	%
(d) Mental health	%
(e) Surgical	%
(f) Senile or aged	%
(g) Pediatric	%
(h) Other (please specify):	%
Total	100%

3 Please provide details of any radioactive or X-ray procedures used in diagnosis or treatment:

4 How many years has this business been operating:

5 List all accreditations and association memberships held by your business:

Risk management details

1 Have you implemented formal risk management procedures or plans? Yes No

2 If **Yes**, is adherence to these procedures periodically reviewed and are known breaches rectified? Yes No

3 Are there any particular characteristics of your business (e.g. risk management practices, provision of services to specialised markets etc) which would materially reduce or increase your exposure to malpractice liability claims in comparison to practitioners in your profession generally? Yes No

If **Yes**, please provide details:

Administration and staff

1 Please provide the following details in respect of all current principals, partners and directors:

Name	Professional qualifications	Year qualified	Number of years as a partner, principal or director

2 Please provide the following details in respect of all **former** principals, partners and directors:

Name	Date left this business	Reason for leaving

3 Please provide total number of employees in each of the following classifications:

Employee class	No.	Employee class	No.
Doctors		Pharmacists	
Dentists		Registered nurses	
X-ray technicians		Undergraduates/student staff	
Lab technicians		Other medical or allied health employees	

Financial information

1 What is the date of your financial year-end? / /

2 Please provide gross fees or income (including fees paid to subcontractors) as follows:

Last financial year	Current financial year (estimate)	Next financial year (estimate)
\$	\$	\$

3 What percentage of your fee income is paid to subcontractors or consultants? %

Contractual agreements

1 Do you have standard terms upon which you supply your professional services? Yes No
 If Yes, please attach copies of any liability exclusion clauses, disclaimers or hold harmless provisions.

2 Will you or have you entered into contracts with hold harmless provisions which provide that you will indemnify the other party against all claims or demands? Yes No
 If Yes, please provide details:

3 When engaging independent consultants or contractors, do you ensure that those consultants:

(a) Maintain their own malpractice liability insurance? Yes No
 (b) Are bound by contract to accept full responsibility for their own actions? Yes No

Insurance history

1 Have you ever had any insurance declined or cancelled; renewal refused; special conditions imposed; excess imposed; or claim rejected? Yes No
 If Yes, please provide details:

2 Please provide details of your current malpractice liability insurance:

Current insurer: _____ Expiry date: ____ / ____ / ____
 Limit of indemnity: \$ _____ Excess: \$ _____ Premium: \$ _____

Claims history

1 Has any partner, principal, director or staff member ever been the subject of disciplinary proceedings for professional misconduct? Yes No
 If Yes, please provide details:

2 Have any claims ever been made against you, your predecessors in business, or any present or former partner, principal, director or employee of the business? Yes No
 If a current loss summary is available from your present and past insurers please attach a copy.
 If Yes, please provide the following details in respect to each matter:

Date matter notified	Name of insurer (if any)	Brief details of each matter	Amount paid or estimate of potential liability	Is matter finished or outstanding?

3 Are you, or any partner, principal, director or employee, **after enquiry**, aware of any claims or circumstances which might result in claims against you or your predecessors in business or any present or former partner, principal, director or employee of the business? Yes No
 If Yes, please provide the following details in respect to each matter:

Name of claimant or potential claimant	Brief description of claim / circumstances	Estimate of potential liability

Cover required

1	Limit of indemnity required:	\$	\$	\$
2	Level of excess required:	\$	\$	\$

Declaration

On behalf of all proposed Insureds I/We declare and agree that:

- a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- c) I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- d) Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- e) Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- f) Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature: _____

Title: _____

Date: / /