



HYPNOTHERAPISTS LIABILITY INSURANCE PROPOSAL

RETURN COMPLETED PROPOSAL TO:

INSURANCE MADE EASY

PO Box 1350, Upwey, VIC, 3158
Phone 03 9757 8181 Fax 03 9757 8191

Professional Risk Underwriting Pty Ltd ABN 80 103 953 073 AFSL 240954.
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IMPORTANT NOTICES:

CLAIMS MADE POLICY

This Proposal is for a policy issued by ProRisk on a claims made and notified basis. This means that the policy only covers claims first made against you during the insurance period and notified to ProRisk in writing during the insurance period. The policy does not provide cover for any claims made against you during the insurance period if at any time prior to the commencement of the insurance period you were aware of facts which might give rise to those claims being made against you.

Section 40(3) of the *Insurance Contracts Act 1984* provides that where the insured gives notice in writing to the insurer during the insurance period of facts that might give rise to a claim against the insured, the insurer cannot refuse to pay a claim which arises out of those facts, by reason only that the claim is made after the insurance period has expired.

YOUR DUTY OF DISCLOSURE

Section 21 of the *Insurance Contracts Act 1984* provides that before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer 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, upon 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 matter:

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

NON-DISCLOSURE

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

RETROACTIVE LIABILITY

The policy is limited by a retroactive date. The policy does not cover any claim or inquiry directly or indirectly caused by, contributed to by, in connection with or arising from any event or occurrence, or acts, errors or omissions committed or alleged to have been committed prior to the retroactive date.

WAIVER OF RIGHTS OF SUBROGATION

The policy excludes indemnity for any claim arising indirectly or directly, or in any way connected with any liability for which the insured has foregone, excluded or limited a right of recovery against any party.

POLICY CANCELLATION

In the event of policy cancellation by the insured, ProRisk's cancellation rates will apply.

GENERAL INSURANCE CODE OF PRACTICE

ProRisk and Underwriters at Lloyd's proudly support the General Insurance Code of Practice. The purpose of the Code is to raise standards of practice and service in the general insurance industry. A copy of the Code can be obtained from www.codeofpractice.com.au.

PRIVACY STATEMENT

ProRisk is bound by the obligations of the *Privacy Act 1988* (as amended) regarding the collection, use, disclosure and handling of personal information. We will protect the privacy of your personal information.

We collect personal information about you to enable us to provide you with relevant products and services, to assess your application for insurance and, if a contract is entered, to enable us to provide, administer, and manage your policy, and to investigate and handle any claims under your policy. We may disclose your information to third parties (who may be located overseas), such as the insurer, lawyers, claims adjusters, and others appointed by ProRisk or by the insurer to assist us and them in providing relevant products and services. We may also disclose your information to people listed as co-insured on your policy and to your agents. By providing your personal information to us, you consent to us making these disclosures.

If you do not provide all or part of the information required, we may not be able to provide you with our products and services, consider your application for insurance, administer your policy, assess or handle claims under your policy, or you may breach your Duty of Disclosure.

When you provide us with personal information about other individuals, we rely upon you to have made them aware of that disclosure, and of the terms of the ProRisk Privacy Statement, and to obtain their consent.

For a copy of the ProRisk Privacy Statement or to request access to or update the personal information, contact the Privacy Officer at ProRisk by email: enquiries@prorisk.com.au or by mail at the address shown on this Proposal.

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IMPORTANT NOTICE:

- **Please return your completed Proposal to INSURANCE MADE EASY**
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of this Proposal.

1. Applicant(s):

Full names of the individual(s) or entities to be insured, including service companies and subsidiaries:

2. ABN:

3. CCH Membership No:

4. Practice Address(es):

5. Gross income/fees:

Please provide details of your gross income / fees from hypnotherapy:

| Last Financial Year | Current Financial Year | Next Financial Year |
|---------------------|------------------------|---------------------|
| \$ | \$ | \$ |

6. Qualifications and Modalities:

Please provide details of qualifications and modalities practised for all practitioners:
(This facility is designed to cover hypnotherapists. If cover is required for other practitioners, please contact your insurance advisor.)

| Practitioner 1: Name: | | |
|------------------------------|----------------------|---------------------|
| Qualifications | Modalities practised | % of time practised |
| | | |
| | | |
| | | |
| | | |

| Practitioner 2: Name: | | |
|------------------------------|----------------------|---------------------|
| Qualifications | Modalities practised | % of time practised |
| | | |
| | | |
| | | |
| | | |

| | | |
|------------------------------|----------------------|---------------------|
| Practitioner 3: Name: | | |
| Qualifications | Modalities practised | % of time practised |
| | | |
| | | |
| | | |

| | | |
|------------------------------|----------------------|---------------------|
| Practitioner 4: Name: | | |
| Qualifications | Modalities practised | % of time practised |
| | | |
| | | |
| | | |

7. Other Activities:

Please provide a full description of other activities undertaken in the practice, e.g. provision of expert reports, teaching.

8. Current Insurance:

Is/Are the Applicant(s) currently insured for:

- (a) Medical Malpractice? Yes No
- (b) Public Liability? Yes No
- (c) Products Liability? Yes No

If Yes to 8(a), (b) and/or (c), please provide details:

| Insurance | Insurer | Expiry | Limit | Excess | Retroactive Date |
|-----------|---------|--------|-------|--------|------------------|
| | | | | | |
| | | | | | |

9. Claims and Insurance History:

The following questions are to be answered by or on behalf of each Applicant:

- (a) Have any claims ever been made against you or any of your employees?
 Yes No
- (b) Have any complaints ever been made against you or any of your employees?
 Yes No
- (c) Have you or any of your employees ever been subject to a disciplinary enquiry?
 Yes No
- (d) Have you or any of your employees ever been charged with or convicted of any criminal offence?
 Yes No

- (e) After enquiry, are you aware of any fact, situation or circumstance that might result in a claim or complaint against you or any of your employees?
 Yes No
- (f) Have you ever had insurance declined or cancelled?
 Yes No
- (g) Has an insurer ever declined to renew your insurance?
 Yes No
- (h) Have you ever had special policy terms imposed?
 Yes No

If you have answered Yes to any of Questions 9(a) to (h), please provide details:

10. Limit of Indemnity:

Please advise the limit of indemnity required:

- \$1 million
 \$2 million
 \$5 million
 \$10 million
 Other _____

DECLARATION: After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Applicant(s) to make this Proposal.
- I have read and understood the Important Notices accompanying this Proposal.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I have read and understood this Proposal and I confirm that the contents are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Proposal and any accompanying documents will form the basis of the contract.

Signature:

Name:

Position:

Date:
