



# PROPOSAL FORM

## FOR MEDICAL ESTABLISHMENTS

Lion Underwriting Pty Ltd  
ABN 33 604 592 467 AFSL No: 491793

# IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

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## 1. DUTY OF DISCLOSURE

You have a duty to disclose relevant information to the insurer, when completing this proposal form and at other times during the policy period (for example when you renew the insurance or request a change to the policy terms). Your duty is described below:

### **Your 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.

## 2. PRIVACY

At Lion Underwriting Pty Ltd (Lion Underwriting) we are committed to protecting your privacy. The information provided will be treated in confidence and, where relevant, in compliance with the Privacy Act 1988. We collect, use and disclose your personal information, and in some cases personal or sensitive information about you, to assess your application and provide a quote for the insurance cover (including obtaining risk carrier confirmation where necessary), on behalf of the insurer. This information is used to issue and administer your policy, to provide insurance services, and, where appropriate, to assist in the assessment of a claim. For some classes of insurance, the underwriter may use sensitive personal data about you where this is necessary to decide whether it is willing to insure you and on what terms (for example criminal convictions). We also may use it to:

- Contact you to provide information about your insurance policy;
- Deal with brokers, risk carriers and reinsurers; and
- Operate our business including offering information and to market and promote our services to you.

If you don't provide us with full information, we may not be able to provide you with any, some, or all of the features of our products or services.

This may include information collected from third parties such as your insurance broker.

We provide information such as your personal details and business circumstances to relevant third parties including your insurance carriers, brokers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, Insurers, (including their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above.

We do not trade, rent, or sell your information. We may disclose your information to recipients in Australia, UK, Singapore, Japan, USA, People's Republic of China and Switzerland for the purpose of providing our services to you. If a recipient is not regulated by laws which protect your information in a way that is similar to the Privacy Act, we will take reasonable steps to ensure that they protect your information in the same way we do or seek your consent before disclosing your information to them.

You have the right to request for a copy of your information and to request to have any inaccuracies corrected.

Our Privacy Policy contains more information about how to access and correct the information we hold about you and how to make a privacy related complaint, including how we will deal with it. Ask us for a copy by contacting us on (07) 3445 6300 or visiting our website ([www.lionunderwriting.com.au](http://www.lionunderwriting.com.au)).

### 3. PRESENTATION

This proposal form must be completed and signed by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter-headed paper.

Where applicable to the Proposer's business, product/services brochures, standard contract conditions, terms and conditions, waivers and disclaimers, commercial agreements and letters of appointment should be provided.

Failure to present insurers with information in an appropriate manner may adversely influence the ability or willingness of insurers to offer terms.

### 4. GUIDANCE

The contract of insurance will be arranged by Lion Underwriting Pty Ltd (ABN 33 604 592 467, AFSL 491793) acting as agent for the relevant insurer (Insurer). We do not act as your agent. When acting as agent of the insurer, we may place the policy with an APRA-regulated insurance company, certain underwriters at Lloyd's of London or a direct offshore foreign insurer or unauthorised foreign insurer (subject to law). When we act under a binder, we will notify your broker of this arrangement. A binder agreement allows us to issue the policy and handle claims as if we are the insurer. In other cases, we may place your policy on an 'open market' basis.

The precise scope and breadth of policy coverage is subject to the specific terms and conditions of the policy wording. You should refer to the policy wording for full information, including in relation to:

- the basis on which claims can be made;
- your cancellation rights; and
- the identity of the parties covered under this insurance.

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/ or Presentation, advice should be sought from Lion Underwriting via your insurance broker.

### 5. CONTACT

If you would like to discuss this further, we can be contacted at;

**Tel.:** (07) 3445 6300  
**Email:** [admin@lionunderwriting.com.au](mailto:admin@lionunderwriting.com.au)  
**Website:** [www.lionunderwriting.com.au](http://www.lionunderwriting.com.au)

ADDITIONAL INFORMATION SHOULD BE PROVIDED ON SEPARATE SHEETS CLEARLY IDENTIFIABLE AS FORMING PART OF THE PROPOSAL FORM ON THE PROPOSER'S LETTERHEAD.

## INSURED DETAILS

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1. Full name of the Insured:
2. Trading name:
3. ABN:
4. GST registered: Yes      No
5. Trading Address:
6. Postal Address:
7. Policy period:      Inception Date:    /    /                      Expiry Date:    /    /
8. Contact number:
9. Website address:
10. Email address:
11. Date business established:      /      (month/year)
12. Please provide full details of all Principals/Partners/Directors:

Name	Qualification	Date qualified
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## GENERAL INFORMATION

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13. Is the applicant duly licensed to practice? Yes      No
14. Has the name of the business ever changed? Yes      No
15. Has any other business amalgamated or merged with the insured business? Yes      No
16. Has the applicant purchased any other business? Yes      No
17. Are you a member of a professional Association? Yes      No

If **yes** please provide details:

18. Please provide a precise description of your business activities:

*If you are performing work as a Veterinarian, please complete the Veterinarian Addendum*

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|---|-----|----|
| 19. Have there been any substantial changes in your business activities in the past 12 months?  | Yes | No |
| 20. Do you anticipate any substantial changes in your business activities in the next 12 months?  | Yes | No |
| 21. Does any partner, principal or director of the Insured detailed in this proposal have any connection or association (financially or otherwise) with any other business or practice? | Yes | No |

## RISK INFORMATION

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22. Does the entity have any teaching/training facilities? Yes      No
- If **yes**, please provide details:

23. Please provide total staff numbers including contractors for each of the following

Employee	Contractor	Employee	Contractor
Anaesthetists:		Opticians:	
Audiologists:		Optometrists:	
Chiropodist:		Osteopath:	
Chiropractors:		Pathologist:	
Clerical/Administrative:		Physiotherapists:	
Dentist:		Podiatrists:	
Dietician:		Podiatric Surgeons:	
Doctors:		Psychologists:	
First Aider:		Radiologist:	
Kinesiologist:		Repertory Therapists:	
Massage Therapist:		Sonographers:	
Medical Lab Technician:		Students:	
Midwives:		Surgeons:	
Naturopath:		X-ray technician:	
Nurse EN:		Other please specify:	
Nurse RN:			
Occupational Therapist:			

24. Please provide your split in Staff:

<b>Staff</b>	<b>Number</b>
Directors, Partners or Proprietors	
Full Time Employees	
Part Time & Casual Employees	
Contractors	
Voluntary Workers, Secondees and Interns	
Total	

25. Please provide approximate percentage breakdown of services:

Aged Care:	%	Allied Health Practice:	%
Day Surgery:	%	Drug/Alcohol Dependency:	%
Elective Cosmetic Surgery:	%	Emergency Medicine:	%
General Medicine:	%	Medical Centre:	%
Mental Health:	%	Obstetrics/Maternity:	%
Paediatric:	%	Private Hospital:	%
Other:	%	<b>Total:</b>	<b>100%</b>

26. Please provide the maximum number of patients/clients in the clinic at any one time:

27. Annual Number of Patients:

Previous 12 months:

Current 12 months:

Estimate for next 12 months:

28. Please advise the number of beds and dependency level:

	<b>Low</b>	<b>Medium</b>	<b>High</b>
Emergency:			
Day Surgery:			
Maternity:			
Aged Care:			
Self Care Units:			
<b>Total Beds:</b>			

29. Please provide the total SQM of the Clinic:

30. Are all contractors and employees required to carry their own professional liability or medical malpractice insurance? Yes      No

If **No**, do they require cover under this policy? Yes      No

31. What is the approximate occupancy rate for the last financial year? %

32. Does the applicant maintain accurate and descriptive records of all medical, clinical or therapeutic services provided? Yes      No

33. Do you have any doctors working in connection with the business? Yes No

If **yes**, do you ensure that all medical practitioners working for or in connection with the business are:

a) Duly licensed and registered to practice in their specific field? Yes No

b) Fully insured under their own medical malpractice insurance? Yes No

34. Do you perform implantation of Implanon/Nextplanon in accordance with the RACGP (Royal Australian College of General Practitioners) guidelines? Yes No

If the answer is **no**, please provide details of the guideline you operate within:

35. Do you have policies and procedures in place to ensure compliance with all acceptable current regulations in respect of sterilisation of instruments, storage and disposal of all medical and hazardous waste? Yes No

36. Do you have policies & procedures in place to deal with patient complaints? Yes No

37. Please provide details on how patient's medical records are kept and how long they are retained for:

38. Please Provide your total annual gross income for:

	<b>Australia</b>	<b>Overseas</b>
Previous 12 months:	\$	\$
Current 12 months:	\$	\$
Estimate for next 12 months:	\$	\$

39. Please provide the breakdown of income by state:

ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Overseas
%	%	%	%	%	%	%	%	%

40. Do you receive any government grants? Yes No

If **yes**, please provide more information:

## INSURANCE HISTORY

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41. If you currently have a medical establishment's policy in place please provide details

Insurer: Excess:

Limit of Indemnity: Expiry Date:

42. Please indicate the limit of indemnity required for:

a) **Professional Liability:**

\$1,000,000	\$2,000,000	\$5,000,000	\$10,000,000
\$20,000,000	Other \$		

b) **Public Liability**

\$10,000,000	\$20,000,000	Other \$
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|---|-----|----|
| 43. Have you ever had an insurer decline your insurance proposal?   | Yes | No |
| 44. Have you ever had an insurer cancel your insurance?   | Yes | No |
| 45. Have you ever had an insurer impose special terms or conditions?  | Yes | No |
| 46. During the past 10 years have any claims been made against you, your principals, employees, or contractors for professional liability or public liability, or have any circumstances been notified to an insurer that might give rise to a claim? | Yes | No |
| 47. After making appropriate enquiries are there any facts or circumstances which you, your principals, employees or contractors are aware of that may give rise to a claim under this policy?  | Yes | No |
| 48. Have you, your principals, employees or contractors ever been subject to disciplinary proceedings for professional misconduct or unsatisfactory professional conduct by a professional society or statutory body?                                 | Yes | No |
| 49. Have you, your principals, employees or contractors ever been the subject of a complaint to a professional society or statutory registration board that required a response?  | Yes | No |
| 50. Have you ever been declared bankrupt?   | Yes | No |
| 51. Have you, your principals, employees or contractors ever been convicted of a criminal offence?  | Yes | No |

**If you have answered yes to any of the questions in this section, please provide full details of the matter including the insurer, date of incident, whether the matter is open or closed, amount paid/reserve and full details of the matter including any relevant correspondence.**



# DECLARATION

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By signing this proposal form you consent to Lion Underwriting using and disclosing the information we may hold about you in accordance with the Privacy section of this proposal form and our Privacy Policy, which can be found on our website - [www.lionunderwriting.com.au](http://www.lionunderwriting.com.au).

[In this section 'you' refers to the Proposer]

By signing this Declaration, you declare that

- you have read and understood the Important Notice information in this proposal form;
- to the best of your knowledge and belief, the statements, representations and particulars contained in this proposal form are true and complete;
- after full enquiry having been made, you have not omitted, suppressed or mis-stated any material facts which may be relevant to the Insurer's consideration of this proposal form;
- you undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed; and
- you have the authority to complete and sign the proposal form on behalf of the entity who will be insured under this policy.

By signing this Declaration, you confirm you understand that

- the information you provide in this proposal form will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided;
- the application for insurance may not be accepted for coverage and that, if your application is accepted, you have no coverage unless and until we have received payment of the premium and a policy schedule has been issued to you;
- signing this form does not bind you or the Insurer to complete the insurance; and
- if your business acquires, merges with or absorbs another business during the period of insurance, the Insurer will require similar information in relation to that business and may charge an additional premium.

Insured's Name:

Date:

Position:

Insured's Signature:

Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal form. A signature is required before a contract of insurance can be made.

We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.