



NDIS Consultants Proposal Form

Professional Indemnity & General Liability
For Individual Practitioner & Entity Cover

Solution Underwriting Agency Pty Ltd

Level 5, 289 Flinders Lane

Melbourne VIC 3000

T. 03 9654 6100

www.solutionunderwriting.com.au

ABN 68 139 214 323 AFSL 407780

Important information

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.

What you do not need to tell us

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.

If you are a natural person, a different duty of disclosure to the one set out above applies to you.

Please contact us so that you can be informed of the duty of disclosure that applies to you.

Privacy Statement

In this Privacy section 'we', 'us' or 'our' means Chubb Insurance Australia Limited and Solution Underwriting Agency Pty Ltd, unless specified otherwise.

We are committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at www.chubb.com/au.

Personal Information Handling Practices

Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia).

In some circumstances, in order to provide our services to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes. In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

Your Choices

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

How to Contact Us

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email CustomerService.AUNZ@chubb.com.

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email Privacy.AU@chubb.com.

You can also download a copy of Solution's Privacy Policy by visiting <http://www.solutionunderwriting.com.au>

Claims made

This Proposal is for a policy issued by Chubb Insurance Australia Limited ('Chubb') 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 Chubb 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.

Alteration of risk and deregistration

The policy requires you to notify the insurer within thirty days of any material change in the nature of the professional business, or any act of insolvency or bankruptcy of the insured. The policy requires you to give immediate notice of the cancellation, suspension, termination or imposition of conditions in respect of the insured's statutory registration. Claims arising following the cancellation, suspension or termination of the insured's statutory registration are excluded from indemnity under the policy.

Insurer and agent

This Policy is issued by Solution Underwriting Agency Pty Ltd ('Solution Underwriting') (ABN 68 139 214 323, AFSL 407780) acting under a binder as an agent of the insurer, Chubb Insurance Australia Limited (ABN 23 001 642 020, AFSL 239687) ('Chubb').

This Policy is a legal contract between You and Us. You have paid, or agreed to pay, Us the Premium and We provide the cover specified in this Policy and as set out in Your Schedule.

The terms, conditions and provisions of the insurance We offer You are set out in this Policy. It is important that You:

- read all of the Policy before You buy it to make sure that it gives You the protection You need;
- are aware of the limits on the cover provided and the amounts We will pay You (including any Excess that applies);
- are aware of the definitions in Your Policy. You will find definitions throughout Your Policy.

You must comply with all provisions of this Policy, otherwise We may be entitled to refuse to pay a Claim or reduce the amount You are entitled to receive. The Policy is in force for the Period of Insurance set out in Your Schedule or until cancelled.

For the limits on the cover provided:

- some of these will be stated in the Policy itself (these are Our standard policy limits); and
- the remainder will be stated in Your Schedule.

In some circumstances the terms and conditions of this Policy may be amended by endorsement. If Your Policy is endorsed You will receive notification of the endorsement.

1. Proposer Details

Name

Individual Practitioner Cover Only

Entity Cover Only

Individual Practitioner & Entity Cover

Address

Email

Phone

ABN

2. Your Insurance Requirements

2.1 Personal Care % %

Assistance with eating and drinking

Grooming

Assistance with prescribed exercises

Oral Hygiene

Assistance with self-medication

Showering

Dressing

Toileting

2.2 Domestic Assistance % %

Change Sheets and Towels

Dust

Clean Kitchen

Ironing

Clean Toilet and Bathroom

Mop Floors

Clean Windows, Screens and Fans

Remove Rubbish

Put Council Bins Out

Vacuum

Clean Windows, Screens and Fans

Wash, Dry, Fold

2.3 Social & Lifestyle Support % %

Accompany to Appointments

Companionship

Accompany to Shopping

Home Admin

Accompany to Social Activities

Transport

Community Programs

2. Your Insurance Requirements (Cont'd)

2.4	Home Maintenance	%		%
	Car Washing			Pool Maintenance
	Green Rubbish Removal			Safety & Security
	Handyman - Minor Repairs			Weeding/Hedges
	Lawn Mowing and Edging			
2.5	Allied Health/Therapy	%		%
	Dietician			Physiotherapy
	Exercise Physiology			Podiatry
	Occupational Therapy			Psychology
	Speech Therapy			
2.6	Nursing Care	%		%
	Bowel and Bladder Management			Dementia Care
	Catheter Care			Wound Care
	Medication Management			Palliative Care
	Continence Management			
2.7	Get Out & About	%		%
	Accompany to Activities			Companionship
	Transport			

3. Details of Activities Performed

3.1	Do you possess the necessary qualifications and hold the appropriate registrations/certification (where required) to perform the services selected in this proposal?	Yes	No
3.2	Does your chosen category/categories accurately reflect your activities and services?	Yes	No
3.3	Do you perform additional activities or services outside of your chosen category/categories?	Yes	No

If you have answered **Yes** to the above question, please give details of the additional activities you perform below.

4. Details of healthcare service

Please provide details of your income/revenue, patient, employee and practitioner numbers

Year	Dates	Income/Revenue	Approx. no. of patients	Approx. no. of employees	No. of Practitioners
Current Year (est.)	20 /20				
Past Year	20 /20				

5. Risk management

5.1 Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedures? Yes No

5.2 Is informed consent obtained from each patient and documented in their medical record? Yes No

If NO, how often is informed consent obtained?

5.3 Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry? Yes No N/A

5.4 Do you have a written procedure for the reporting of incidents and adverse events? Yes No

6. Insurance history

6.1 Do you currently hold medical malpractice insurance? If yes, please provide details. Yes No

Insurer	Policy limit	Excess	Retroactive date
	\$	\$	
	\$	\$	

6.2 Have you ever had any application for medical malpractice insurance refused, or, had any medical malpractice insurance coverage rescinded or cancelled? Yes No

If YES, please provide details on a separate sheet, noting the Section number.

7. Loss History

Have you, in respect of the risks to which this proposal relates, ever:

7.1 Had an application for insurance declined, been refused renewal or had an insurance policy terminated? Yes No

7.2 Required an increased premium or imposed special conditions? Yes No

7.3 Been declined an insurance claim by you or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If you have answered **Yes** to any of the above questions, please give details below.

8. Limit of Indemnity required

Part A - Professional Indemnity

- a) \$500,000
- b) \$1,000,000
- c) \$2,000,000
- d) \$5,000,000
- e) Other – Please state: \$

Part B - General Liability

- f) \$5,000,000
- g) \$10,000,000
- h) \$20,000,000
- i) Other - Please state: \$

In respect of gross fees/income for the last financial year, please provide a breakdown by State:

NSW	ACT	QLD	VIC	TAS	SA	WA	NT	Overseas	Total
%	%	%	%	%	%	%	%	%	100%

9. Declaration

Signing this proposal form does not bind the proposer or the insurer to enter into an insurance contract
After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(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 Solution Underwriting Agency Pty Ltd Privacy Statement.
- I authorise Solution Underwriting Agency Pty Ltd to collect or disclose any personal information relating to this insurance to or from other insurers or insurance or credit reference services.
- I confirm that the statements and information in this Proposal are true and complete.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd 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

Applicant's Signature:

Applicant's Name:

Position:

Date (DD/MM/YY)

Distributed by
Solution Underwriting Agency Pty Ltd

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Melbourne, VIC 3000 Australia
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Solution Underwriting Agency Pty Ltd acts under a binder as agent for Chubb Insurance Australia Limited

