



# Professional Indemnity & Public-Product Liability Insurance Application Form Cosmetic / Beauty Clinics



## Important Information

**Important Facts Relating To This Proposal Form** - You should read the following advice before proceeding to complete this proposal form.

This insurance is arranged by Insurance Cover Agency Pty Ltd t/as Cosmetic Nurse Insurance Hub ABN 23 141 574 914 AFS 344648. Authorised Representative Number 1284487 an Authorised Representative of PSC Connect Pty Ltd ABN 21 141 574 914 AFS 344648.

### **Duty of Disclosure**

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, 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 insurance, and if so, on 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 any matter

- a) that diminishes the risk to be undertaken by the insurer;
- b) that is of common knowledge;
- c) that your insurer knows or, in the ordinary course of his business, ought to know;
- d) as to which compliance with your duty 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, refuse to pay the 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.

### **Claims Made and Notified Basis of Coverage**

The Professional Indemnity and Liability Insurance Policy is issued on a 'Claims Made and Notified' basis. This means that the Insuring Clause responds to:

- a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you.

Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of the insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period. You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you. Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights of recovery against another.



## Details about your Business

Business or Trading Name:	
Primary Business Address:	
Postal Address: As above OR	
ABN:	Website:
Ph:	Mobile:
Your email:	
Additional Location 2:	
Additional Location 3:	
Additional Location 4:	

## Your insurance requirements

Please select all categories from the below table that best describes your activities by percentage of income

### Activity (by percentage of income)

Cosmetic Injectables (toxin, filler, fat dissolve)	%	PDO Monos	%
Laser treatments	%	Thread Lifts - COGs	%
PRP	%	Skin Needling	%
Plasma Pen	%	Facials	%
Skin Peels	%	HIFU	%
Cosmetic tattooing	%	LED Light Therapy	%
Fat freezing	%	Radio Frequency/micro current	%

Other – if so, provide details below including % of income this relates to

Do you envisage any substantial changes in your activities over the next 12 months  Yes  No

If Yes, please give details of changes:

Has any insured ever provided maternity, pathology or elective cosmetic surgery in the past  Yes  No

If Yes, please give details of changes:

## Please provide details of all Partners, Principals and Directors

Name	Qualifications	Date Qualified	Start Date, this practice

## Please provide details of all staff

Category	Total Number	No. Employees	No. Contracted	Room Hire (no nursing or admin)	Room Hire (with nursing and/or admin)	Qualifications
Registered Nurses						
Nurse Practitioners						
Enrolled Nurses						
Administrative						Not required
Partners, principals, directors (non-surgical)						Not required
Dermal Therapist						
Beauty Therapist						
Other - specify						

## Financial Information

Please advise:	Last Financial Year	Expected This Year	Expected Next Year
Turnover/gross fees (before expenses)			

## General Information

a) Cover excludes Medical Malpractice to Contracted medical practitioners and dentists for their malpractice liability.  Yes  No  
 Cover for Employed medical practitioners and dentists may be available on request. Please indicate if cover is required?

b) Does the insured have procedures in place that comply with all applicable regulations in respect of sterilisation of instruments, and the safe disposal/storage/collection of all waste including sharps, dressings, blood products, hazardous waste?  Yes  No

c) Are volunteers or students undertaking work experience at the insured's establishment/s to be insured under the medical malpractice insurance application?  Yes  No

If you have answered **Yes** to the above question (c) please give details below

No. of Volunteers:                      Details of activities:                      Are the volunteers suitably qualified or under direct supervision of a qualified medical practitioner at all times?  
 Yes  No

No. of Students:                      Details of activities:                      Are the students suitably qualified or under direct supervision of a qualified medical practitioner at all times?  
 Yes  No

Is the insured required to be licenced or accredited in order to practice the professional services?  Yes  No  
If you have answered **Yes** to the above question please give details below:

Has your practice undergone any mergers or acquisitions?  Yes  No  
If you have answered **Yes** to the above question please give details below:

Please provide details of the patient complaints handling procedures in place:

Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business?  Yes  No  
If you have answered **Yes** to the above question please give details below:

Please list the professional bodies or associations to which the Applicant belongs:

Do you engage consultants, contractors or agents?  Yes  No

If you have answered **Yes** to the above question:

a) Do you insist they carry their own Professional Indemnity or Malpractice Insurance?  Yes  No

b) Do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents?  Yes  No

Do you perform work outside of Australia, or work for clients located overseas?  Yes  No

If you have answered **Yes** to the above question please give details below:

Does the Practice presently carry, or has the Practice ever carried, Professional Indemnity Insurance or Malpractice Insurance?  Yes  No

Insurer		Expiry Date	
Limit of Indemnity		Premium	\$

Please provide the approximate percentage of your activities (based on fee income) applicable to each State or Territory?

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

Please select your required Professional Indemnity Limit

\$1 million                       \$2 million                       \$5 million                       \$10 million                       \$20 million

Please select your required Public and Product Liability Limit (claims made)

\$10 million                       \$20 million



## Your insurance and claims history

Have you, the company or any Partner, Principal, Director or Staff Member ever:

a) been refused any form of professional indemnity cover or had an application declined or special conditions imposed?  Yes  No

b) had your registration revoked, suspended or had conditions placed upon it, or have you ever been found guilty of any offence in relation to your practice? Yes  No

c) Had any claims for malpractice, negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior practice of any of their present or former Partners, Principals or Directors, or have circumstances been notified to insurers that might give rise to a claim?  Yes  No

Note: If you have answered Yes to any of the above questions (a, b or c) , please give details below:

Are you aware of any:

a) Previously unreported incidents or circumstances from your health care activities within the past 5 years that could lead to a future complaint, claim or legal action?  Yes  No

b) Any Partner, Principal, Director, or staff member that has ever been subject to disciplinary proceedings for professional misconduct  Yes  No

If you have answered Yes to the above question, please give details below

Date of claim/notification:

Notified to Insurer  Yes  No

Name of Insurer:

Brief description of matter/circumstances:

Name of claimant or potential claimant:

Amount paid or estimate of potential liability:

Is the matter finalised or outstanding:

## Declaration

(a) I/We declare that all answers and statements made in the application are true, correct and complete in every respect.

(b) I/We authorise the Insurer to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

**Organisation/practice name:**

**Your Name**

**Signature:**

**Date:**

Date cover to commence