

Allied Health Insurance Proposal Form

We recommend that the proposed Insured keep a record of all information supplied for the purpose of entering into an insurance contract. Please answer all questions in full. If there is insufficient space, please provide further details on your letterhead. All attached documents form part of this Proposal.

General Details

Proposed Insured Name (list all entities including subsidiaries to be covered by the policy):

Company Name: _____

Trading Name: _____

Street Address: _____

State: _____ Postcode: _____

Phone: _____ Website: _____

ABN/ACN: _____ Date of Establishment: _____

Contact Name: _____ Email Address: _____

Business Activity

Please provide a detailed description of the business conducted by the proposed Insured. Attach any brochures or promotional material that may provide greater clarity in respect of the business.

Activity	Turnover %
_____	_____ %
_____	_____ %
_____	_____ %
	100%

Please provide the turnover for:

Last Year \$ [] _____

Expected Current Year \$ [] _____

Please provide a percentage split in turnover by state:

Location	Percentage (%)
Australian Capital Territory	[] %
New South Wales *	[] %*
Northern Territory	[] %
Queensland	[] %
South Australia	[] %
Tasmania	[] %
Victoria	[] %
Western Australia	[] %
Overseas	[] %
	100%

*** If turnover from NSW, please complete this question:**

Is the proposed Insured a Capital Gains Tax small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth) and a small business individual / partnership / company and/or trust, which is carrying on a business that has an **aggregated turnover of less than \$2 million.**

No Yes N/A

For explanatory details, refer to information at the end of this proposal form.

Number of full-time equivalent employees: [] _____

Number of principals, partners or directors: [] _____

Please provide the following details for each principal, partner or director:

Name	Age	Qualifications	Date Qualified
[]	[]	[]	[]
[]	[]	[]	[]
[]	[]	[]	[]
[]	[]	[]	[]

If the proposed Insured is a sole proprietor, what arrangements are in place for the business in the event of temporary absence (such as illness or leave)?

[] _____

Does the proposed Insured currently have a valid malpractice policy? No Yes

Does the proposed Insured have any income or activities outside Australia? No Yes

Does the proposed Insured have any income from the United States of America? No Yes

Has there been any substantial change in the proposed Insured's business in the past twelve months? No Yes

Does the proposed Insured anticipate any substantial change in activities during the next twelve months? No Yes

Does the proposed Insured assume liability under contract, enter into hold harmless agreements or agree to waive rights of subrogation? No Yes

Has the proposed Insured had an insurance policy renewal declined or had any insurance policy cancelled for any reason within the last five years? No Yes

Has the proposed Insured or any principals of the proposed Insured ever been declared bankrupt? No Yes

Has the proposed Insured or any principals of the proposed Insured ever been convicted of a criminal offence? No Yes

Does the proposed Insured manufacture, alter, repair, repackage or import any products? No Yes

If **yes to any questions above, please provide full details in the space provided on page 6 of this Proposal.**

Does the proposed Insured obtain medical history or client information in all cases? No Yes

Does the proposed Insured maintain accurate and descriptive records of all medical, clinical or therapeutic services rendered? No Yes

If the proposed Insured engages sub-contractors, does the proposed Insured ensure that the sub-contractors carry their own malpractice insurance policy? No Yes N/A

If **no to any questions above, please provide full details in the space provided on page 6 of this Proposal.**

Claims Details

Has the proposed Insured or any principals of the proposed Insured had any claims against them which were or could have been covered by the proposed insurance within the last five years? No Yes

After enquiry, is the proposed Insured aware of any facts or circumstances which might result in a future claim under the proposed insurance? No Yes

Has the proposed Insured or any principals of the proposed Insured been the subject of any complaint, suit, inquiry or notice of a hearing from any State, Territory or Federal regulatory body, or any other party within the last five years? No Yes

Has the proposed Insured or any principals of the proposed Insured had any fine or penalty imposed by, or been served an infringement, improvement or prohibition notice or enforcement order by any Federal, State, Local Government or Regulatory Authority within the last five years? No Yes

If *yes* to any questions above, please provide full details in the space provided on page 6 of this Proposal.

Insurance Needs

Optional Extensions Required:

Cover for Contractors, Consultants, Agents or Locums	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Employment Practices Breach (please complete addendum)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Fidelity (please complete addendum)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Registered Training Organisation – Student Placement Cover	No <input type="checkbox"/>	Yes <input type="checkbox"/>
United States of America Jurisdiction	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Professional Liability Limit Required:

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

Other: _____

Public and Products Liability Limit Required:

\$10,000,000 \$20,000,000

Other: _____

Declaration

After making appropriate enquiries, I declare that:

I am authorised on behalf of the proposed Insured(s) to complete 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 Made Easy Financial Group Pty Ltd Privacy Statement.

I authorise Made Easy Financial Group 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 Made Easy Financial Group 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.

Name: _____ **Signature:** _____

Position: _____ **Date:** ____/____/____

NSW Insurance Duty

Exemption Information

From 1 January 2018, small businesses will be exempt from paying NSW stamp duty on certain types of insurance.

What is small business?

Revenue NSW states that: "You are a small business if you are **an individual, partnership, company or trust** that is carrying on a business, and the business has an **aggregated turnover of less than \$2 million**. Aggregated turnover is your annual turnover plus the annual turnovers of any business entities that are your affiliates or are connected with you.

Please see section 259A of the Duties Act 1997 for full details and/or seek appropriate advice.

Which insurance types will the exemption apply to?

This exemption can be applied for small business with one of the following insurance types:

- Commercial vehicle insurance
- Commercial aviation insurance
- Occupational indemnity insurance
- Product and public liability insurance

How do I apply for the exemption?

To receive the exemption, please confirm that you are a small business where asked in this Proposal form.

What happens if I make a false Declaration?

We recommend you obtain appropriate professional advice and/or otherwise reasonably satisfy yourself that the Declaration is not false or misleading as:

- There is a maximum penalty of \$11,000 under the Act if the Declaration is provided knowing that it is false or misleading in a material particular; and
- If the Declaration is false (whether dishonest or not) and this causes the insurer to be liable to pay a duty the insurer may require you to pay an amount equal to the duty, together with any interest or penalty tax payable.

How do I get more information?

Go to NSW Revenue website <http://revenue.nsw.gov.au/taxes/insurance> and/or refer to the Duties Act 1997 (NSW).