



PROFESSIONAL LIABILITY INSURANCE PROPOSAL

for

MEMBERS OF THE NEW ZEALAND PSYCHOLOGICAL SOCIETY

arranged by Wilkinson Insurance Brokers Ltd



The New Zealand Psychological Society

Te Rōpu Matai Hinengaro o Aotearoa

All Psychologists must be registered Psychologists and Financial Members of the Society
It is important that all questions are answered fully. N/A is not sufficient.

1. Name of Member :
Practice Name (if different) :
Postal Address: Telephone No:
Email Address:

2. Inception date of continuous membership of the Society (Retroactive Date)

5. Limit of Indemnity required (Please tick)
(a) \$250,000 any one claim (\$500,000 max. per year)
(b) \$500,000 any one claim (\$1,000,000 max. per year)

6. Is cover required for specialist report writing by the Family Court? Yes / No.

7. Does this relate to more than 25% of your gross income for twelve months? Yes / No.

8. Has any application for any of the indemnities requested in this proposal form ever been declined or has any such insurance ever been cancelled or renewal refused? Yes / No If Yes, supply full particulars.

Have you ever been previously been insured for Professional Indemnity risks? Yes / No
If Yes, supply name of Insurer and last expiry date.

10. Have any of the Partners or staff ever been subject to disciplinary proceedings or reprimand by any Court or professional association as a result of their professional activities? Yes / No
If Yes, supply full particulars including outcome. (Append full details if space provided is not sufficient.)

Pursuant to the Privacy Act 1993 the following is brought to your attention:

- (a) This proposal collects personal information about you;
(b) The information is collected to evaluate the insurance you seek;
(c) The intended recipients of the information are Lumley General Insurance & Wilkinson Insurance Brokers Ltd;
(d) The information being collected will be held by Lumley General Insurance, P O Box 2426 Auckland;
(e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
(f) Failure to provide this information may result in your application for insurance being declined, or your insurance being void from the beginning;
(g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

I/We hereby warrant that the above statements are true, that I/We have not suppressed or misstated any facts, and that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I/We will give immediate notice thereof. I/We agree that this proposal shall be the basis of the Contract.

Member Name :

Signed : Date :

Important Notes:

- i) Please check that all questions have been fully answered.
ii) Please ensure that all material changes during the period are fully and immediately reported to Wilkinson Insurance Brokers Ltd.
PO Box 11641, Wellington. Ph (0800 801 422) Fax (04) 499 0558 e-mail: julie@wilkinsons.co.nz

Return completed Proposal, with payment by cheque made out to "NZ Psychological Society", to NZPsS, PO Box 4092, Wellington