

**PROFESSIONAL LIABILITY INSURANCE PROPOSAL**  
for  
**STUDENT SUBSCRIBERS OF THE NEW ZEALAND PSYCHOLOGICAL SOCIETY**  
**REGISTERED AS "INTERN PSYCHOLOGISTS"**  
arranged by Wilkinson Insurance Brokers Ltd

*It is important that all questions are answered fully. N/A is not sufficient.*

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**1. Name of Student:**

**Postal Address:**

**Telephone No:**

**Email:**

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**2. Student Details: Age**

**Qualifications completed:**

**Current enrolment:**

**Interim Practising Certificate No.**

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**3. Inception date of student membership of the Society** ..... **(Retroactive Date)**

*(if you don't know this date, leave blank – it will be added by NZPsS National Office)*

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**4. 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.**

**If new client, have you previously been insured for Professional Indemnity risks?**

**Yes / No**

**If Yes, supply name of Insurer and last expiry date.**

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**5. Are you aware of any circumstances which may give rise to a claim or allegation of negligence being made against the practice, its predecessors in business or any present or former partners?**

**Yes / No**

**If Yes, supply full particulars. (Append full details if the space provided is not sufficient).**

**You are advised to take particular care when answering this question and it is recommended that enquiries are also made of all staff. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHT TO INDEMNITY if subsequently a claim should arise.**

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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 recipient of the information is Lumley General Insurance Ltd & Wilkinson Insurance Brokers Ltd;
- (d) The information is being collected and being held by Lumley General Insurance Ltd, PO 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) The 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.

Name: .....

Signed by: .....

Date: .....

**SEND THIS COMPLETED PROPOSAL TO: New Zealand Psychological Society, PO Box 4092, Wellington.**

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**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 801422) Fax (04) 499 0558  
e-mail: Julie.shanly@wilkinsons.co.nz