

LIABILITY INSURANCE for members of the NEW ZEALAND PSYCHOLOGICAL SOCIETY



PORTANT NOTICES

Completion of this Form

Please complete and return this proposal form to Aon New Zealand: elizabeth.ngan@aon.com

This Policy will cover your liability arising out of your business activities in connection with practising Psychology in New Zealand.

Privacy Act 1993

As the Applicant or on behalf of the applicant, I authorise Aon New Zealand to disclose the information contained within this proposal application for insurance cover, to the insurers subscribing to the insurance policy as proposed. I understand that all information, which is collected, will be held at the office of Aon New Zealand, level 3, 1 Willis Street, Wellington and copies of this proposal will be held at the offices of both the insurers and Aon New Zealand. The Applicant is entitled to access this information, and if necessary to request the correction of this.

Duty of Disclosure

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant. The information provided to Insurers in this proposal form will be the basis of any contract of insurance entered into.

Trading Entity (* apple.) Note: This offer is for individuals & side practitioners with less than 2 admost tradion staff. A separate application per psychologist is required. Website www. Please Select the NZPS Membership Category Psychologist Interm Psychologist. Interm Psychologist. Interm Psychologist. Part Time Psychologist. Interm Psychologist. Interm Psychologist. Trainee Psychologist. On the above questions of the subject of any claims, proceedings or complaints in connection with your practice as a psychologist? Yes. No Practising Retired Name Psychologist. Are you aware of any complaints, claims, proceedings or complaints in connection with your practice as a psychologist? Yes. No Practising Retired Name Psychologist. Yes. No Proceedings or other actions pending against you? Yes. No Proceedings or other actions pending against you? Yes. No Proceedings or other actions pending against you? Yes. No Proceedings on the application of the psychologist. Yes. No Proceedings on the psychologist of the psychologist of the psychologist. Yes. No Proceedings on the psychologist of the psychologist of the psychologist of the psychologist. Yes. No Proceedings on the psychologist of the psychologist of the psychologist of the psychologist of the psychologist. Yes. No Proceedings on the psychologist of the psychologist of the psychologist on the psychologist of the psy	MEMBER APPLICATION	DETAILS								
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Address metable Post Code Mobile Email Employees Full Time Please Select the NZPS Membership Category Non Practising Retred Charlesd Member of Institute of Organisational Psychologist Intern Psychologist Trainee Psychologist Trainee Psychologist Non Practising Retred Charlesd Member of Institute of Organisational Psychologist 1. Have you been the subject of any claims, proceedings or complaints in connection with your practice as a psychologist? Yes 2. Are you aware of any complaints, claims, proceedings or other actions pending against you? 3. Has any insurer declined to offer or renew a proposal for Professional Indemnity/Medical Malpractice insurance, required an increased premium or imposed special terms? Yes If Yes to any of the above questions, please provide full details such as the circumstances & outcome; and Tick to confirm an attachment: MEDICAL MALPRACTICE Do you, or have you in the past 12 months been engaged to provide Family Court Work? If yes, please select from Section B2 Yes Professional Indemnity—Select the limit you require under Sections B1 or B2 \$1,000,000 in the annual aggregate, limited to \$500,000 any one claim \$2,000,000 in the annual aggregate, limited to \$2,000,000 any one claim \$4,000,000 in the annual aggregate, limited to \$2,000,000 any one claim \$4,000,000 in the annual aggregate, limited to \$2,000,000 any one claim \$500 Excess \$Nii (#2) Section B3 Optional Insurance (#1) (Available with the purchase of medical malpractice cover and based on 1 psychologist and up to 2 administration staff General Public Liability \$500,000 in the annual aggregate \$500 Excess \$Nii (#2) Statutory Liability \$500,000 in the annual aggregate \$500 Excess \$81 22 General Public Liability \$500,000 in the annual aggregate \$500 Excess \$84 23 Refer Cyber Questions below. 24 Do you have computer security, such as virus protection software in place? Yes Do you have data backup and recovery procedures in place? Yes Do you have data backup and recovery procedures in	Trading Entity (if applic.)									
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coverage issued to me and (iv) that the insurance will not be in force until the application has been accepted by the underwriters or their representations.										

Signature

Date Cover Required From