

**IMPORTANT NOTICES**
**Completion of this Form**

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

**A MEMBER APPLICATION DETAILS**

Full Name <input style="width: 90%;" type="text"/>	Mr	Mrs	Miss	Ms	Dr
Trading Entity (if applic.) <input style="width: 80%;" type="text"/>	Note: This offer is for individuals & sole practitioners with less than 2 administration staff. A separate application per psychologist is required.				
Full Postal Address <small>include Post Code</small> <input style="width: 90%;" type="text"/>	Telephone <input style="width: 15%;" type="text" value="+64"/>	Website <input style="width: 20%;" type="text" value="www."/>			
	Mobile <input style="width: 15%;" type="text"/>	Email <input style="width: 20%;" type="text"/>			
Employees <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Gross Fee Income/Turnover for the last financial year <input style="width: 15%;" type="text"/>				
Please Select the NZPS Membership Category					
Psychologists		Intern Psychologist		Trainee Psychologist	
Non Practising /Retired		Chartered Member of Institute of Organisational Psychology			
<p>1. Have you been the subject of any claims, proceedings or complaints in connection with your practice as a psychologist? <span style="float: right;">Yes No</span></p> <p>2. Are you aware of any complaints, claims, proceedings or other actions pending against you? <span style="float: right;">Yes No</span></p> <p>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? <span style="float: right;">Yes No</span></p>					
If <b>Yes</b> to any of the above questions, please provide full details such as the circumstances & outcome; and <b>Tick</b> to confirm an attachment:					

**B 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 No

Professional Indemnity – Select the limit you require under Sections B1 or B2	SECTION B1	SECTION B2 Family Court Work*
\$1,000,000 in the annual aggregate, limited to \$500,000 <i>any one claim</i>	\$392	\$510 <small><i>If in doubt, disclose on a separate sheet &amp; Tick if attached:</i></small>
\$2,000,000 in the annual aggregate, limited to \$1,000,000 <i>any one claim</i>	\$444	\$589
\$4,000,000 in the annual aggregate, limited to \$2,000,000 <i>any one claim</i>	\$581	\$799 <small><i>All prices include GST.</i></small>

**SECTION B3 Optional Insurance** (#1) (Available with the purchase of medical malpractice cover and based on 1 psychologist and up to 2 administration staff)

Insurance Type	Limit	Excess	Price	Notes
General Public Liability	\$2,000,000 per occurrence	\$500 Excess	\$Nil <small>(#2)</small>	#1 Please select the limit(s) you require <small>(All prices include GST)</small>
Statutory Liability	\$500,000 in the annual aggregate	\$500 Excess	\$64	
Statutory Liability	\$1,000,000 in the annual aggregate	\$500 Excess	\$81	#2 General Public Liability is a complimentary cover.
Employers Liability	\$500,000 in the annual aggregate	\$500 Excess	\$64	
Cyber Liability <small>(#3)</small>	\$100,000 in the annual aggregate	\$1,000 Excess	\$138	#3 Refer Cyber Questions below.

1. Do you have computer security, such as virus protection software in place? Yes No
2. Do you have data backup and recovery procedures in place? Yes No
3. Do you require all users to have a password to access your computer systems or mobile devices? Yes No
4. Have you ever sustained any loss, or suffered any cyber breach, including but not limited to data loss network intrusion, hack attack or any fines, in the last five years for which this proposed insurance may respond to? Yes No

**C INSURANCE DECLARATION**

I hereby declare that (i) the above statements and particulars are in all respects complete and true, and that they are material; (ii) I have not suppressed or misstated any material facts; (iii) I agree that this application form shall be the basis of the contract with underwriters and deemed part of the insurance 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 representatives. (v) I understand and accept that this policy will NOT indemnify me in respect of matters already known to me prior to the date cover is granted by insurers.

Date Cover Required From \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_