

IMPORTANT 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.

A MEMBER APPLICATION DETAILS

Full Name	<input type="text"/>	Mr	Mrs	Miss	Ms	Dr
Trading Entity (if applic.)	<input 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 type="text"/>	Telephone	<input type="text" value="+64"/>	Website	<input type="text" value="www."/>	
		Mobile	<input type="text"/>	Email	<input type="text"/>	
Employees	Full Time <input type="text"/>	Part Time <input type="text"/>	Gross Fee Income/Turnover for the last financial year			<input type="text"/>
Please Select the NZPS Membership Category		<input type="checkbox"/> Psychologists <input type="checkbox"/> Intern Psychologist <input type="checkbox"/> Trainee Psychologist <input type="checkbox"/> Non Practising /Retired <input type="checkbox"/> Chartered Member of Institute of Organisational Psychology				
1. Have you been the subject of any claims, proceedings or complaints in connection with your practice as a psychologist?						Yes No
2. Are you aware of any complaints, claims, proceedings or other actions pending against you?						Yes No
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 No
If Yes to any of the above questions, please provide full details such as the circumstances & outcome; and Tick 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 any one claim	\$463	\$604 <small>If in doubt, disclose on a separate sheet & Tick if attached:</small>
\$2,000,000 in the annual aggregate, limited to	\$1,000,000 any one claim	\$525	\$699
\$4,000,000 in the annual aggregate, limited to	\$2,000,000 any one claim	\$682	\$951 <small>All prices include GST.</small>

SECTION B3 Optional Insurance <small>(#1) (Available with the purchase of medical malpractice cover and based on 1 psychologist and up to 2 administration staff)</small>				
General Public Liability	\$2,000,000 per occurrence	\$500 Excess	\$Nil <small>(#2)</small>	<small>#1 Please select the limit(s) you require (All prices include GST)</small> <small>#2 General Public Liability is a complimentary cover.</small> <small>#3 Refer Cyber Questions below.</small>
Statutory Liability	\$500,000 in the annual aggregate	\$500 Excess	\$64	
Statutory Liability	\$1,000,000 in the annual aggregate	\$500 Excess	\$81	
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	

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| 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