



The New Zealand Psychological Society

Tē Rōpū Mātai Hinengaro o Aotearoa

AON Insurance Application

Liability insurance for members of the New Zealand Psychological Society

Please complete and return this proposal form to Aon New Zealand at nz.hp@aon.com

This Policy will cover your liability arising out of your business activities in connection with practicing 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.

SECTION A: Member Application Details

First Name		Surname	
Name of Trading Entity (if applicable)			
<i>Note this offer is for individuals and sole practitioners with less than 2 administration staff. A separate application per psychologist is required.</i>			
Postal Address		Town/City	
Postal Code		Best Contact Phone No	
Email Address		Website	
Number of Employees	Full time	Part time	
Please state your Gross Fee income/Turnover for the last financial year			

Please Select the New Zealand Psychological Society Membership Category

Psychologists	Intern Psychologists	Trainee Psychologists	Inactive
Non Practising	Chartered Member of Institute of Organisational Psychology		
Have you been the subject of any claims, proceedings or complaints in connection with your practice as a psychologist?	YES	NO	
Are you aware of any complaints, claims, proceedings or other actions pending against you?	YES	NO	

If YES to either of the above questions, please provide full details below.

SECTION B: Medical Malpractice Limits & Pricing Options

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
--	-----	----

SECTION B1 (please select the limit you require)					
			Incl. GST	Please select if required	
Professional Indemnity \$500,000 in the annual aggregate			\$392		
Professional Indemnity \$1,000,000 in the annual aggregate			\$444		
Professional Indemnity \$2,000,000 in the annual aggregate			\$581		
SECTION B2 – Family Court Work (please select the limit you require)					
			Incl. GST	Please select if required	
Professional Indemnity \$500,000 in the annual aggregate			\$510		
Professional Indemnity \$1,000,000 in the annual aggregate			\$589		
Professional Indemnity \$2,000,000 in the annual aggregate			\$799		
SECTION B3 – Optional Insurance (available with the purchase of medical malpractice cover and based on 1 psychologist and up to 2 administration staff)					
			Incl. GST	Please select if required	
General Public Liability	\$2,000,000 per occurrence	\$500 Excess	Free complimentary cover		
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 *	\$100,000 in the annual aggregate	\$1,000 Excess	\$138		
<u>*Cyber Liability Questions If Cyber Cover is Required</u>					
<u>We do</u> have computer security, such as virus protection software in place.				YES	NO
<u>We do</u> have data backup and recovery procedures in place.				YES	NO
We require all users to have a password to access our computer systems or mobile devices.				YES	NO
We have not ever sustained any loss, or suffered any cyber breach, including but not limited to data loss net - work intrusion, hack attack or any fines, in the last five years for which this proposed insurance may respond to.				YES	NO
SECTION C: Insurance Declaration					
I hereby declare that the above statements and particulars are in all respects complete and true, that they are material and that I have not suppressed or misstated any material facts and 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 that the insurance will not be in force until the application has been accepted by the underwriters or their representatives. 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, WITHIN THE NEXT 30 DAYS YOU WOULD LIKE INSURANCE TO COMMENCE					
DATED					
SIGNATURE					

Please complete and return this proposal form to Aon New Zealand at nz.hp@aon.com