



ARTISAN[®]
UNDERWRITING



www.artisanuw.com.au



Important Notice

Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an Insurer; or
- we waive your duty to tell us about

If you do not tell us anything

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Retroactive date

The proposed insurance may be limited by a Retroactive Date. If so, the policy will not cover any claims or circumstances arising from any events, services, activities, errors or omissions or conduct prior to the Retroactive Date.

Subrogation

Where you have prejudiced Artisan Underwriting Pty Ltd (including its Insurers or underwriters) rights to recover a loss from another party, this may have the effect of excluding or limiting the Underwriters liability in respect of that loss.

Privacy Notice

We safeguard your privacy and the confidentiality of your personal information and are committed to handling your personal information in a responsible way. We will abide by the Privacy Act 1988 (Cth) (the 'Act') including the Australian Privacy Principles which are set out in the Act. We have developed a Privacy Policy that sets out how we collect, store, use and disclose your personal information. Please refer to our website below for a copy of our Privacy Policy.



Part A – Insured Details

1. Insured Entities	Date Incorporated	ABN

2. Telephone number	Email addresses

3. Websites

4. Addresses	State	Post Code

5. Name of Principal/ Directors	Age	Qualifications	Start date with Insured

Number of Directors, Principal, Partners & Staff	Full time	Part Time
Directors, partners, principals		
Qualified/Technical staff		
Administration/Other staff		
Total all staff		



Part B – Activities and Income

6. Number of full-time equivalent staff by category:

Surgeons		Midwives	
Doctors		Nurse Anaesthetist	
Anaesthetists		Attendant Carers	
Dentists		Dental Technicians	
Interns		Undergraduate or student staff	
Medical Imaging technicians		Other Medical, Health or allied employees (please specify below)	
Laboratory technicians		Clerical / Administrative	
Pharmacists		Other Staff (please specify below)	
Registered Nurses		Total	

7. Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
Australia			
Excluding USA/Canada)			
Including USA/Canada)			
Total			

8. Please provide patient percentages in the following categories:

Patient Category	%	Patient Category	%
Audiology		Optometry	
Acupuncture		Oral and Maxillofacial Surgical	
Allied Health Therapy (please specify below)		Paediatrics	
Casualty / Emergency		Palliative	
Chiropractic		Pathology	

Day Surgery		Physiotherapy	
Drug / Alcohol Dependency or Rehabilitation		Psychiatric	
Elective Cosmetic		Radiology / Medical Imaging	
General Dental and Orthodontics		Senile or Aged	
General / Medical		Speech Pathology	
Gynaecological		Podiatry Surgical (Minor)	
IVF / Fertility		Surgical (Major)	
Obstetrics / Maternity		Other (please specify below)	
		Total	100%

Allied Health and Other Additional Information

9. Please advise the Number of Beds per the following categories

Category	Number of Beds	Category	Number
Intensive Care		Other Hospital Beds	
Emergency / Casualty		Nursing Home Beds	
Day Surgery		Self-Care Units	
Maternity		Other (please specify below)	
Children's Ward			
		Total	

10. Please confirm whether you provide the following?

(i) Medical Imaging equipment (Cat Scanner, MRI, etc)

(ii) Pathology Laboratory

If Yes to Pathology Laboratory, please advise the % of your total revenue (as disclosed in 7)

(i) Does the Insured anticipate any changes to the above Activities in the next 12 months?

No Yes If Yes, please provide details:

(ii) Has the Insured performed any other professional service or activity other than described in 6 (i) above and for which cover may be required?

No Yes If Yes, please provide details:

(iii) Is cover required for Professional Services or activities which have been provided by a former subsidiary?

No Yes If Yes, please provide details:

Name subsidiary	Date ceased to be a subsidiary

11. Has the Insured or any of its subsidiaries undertaken any mergers or acquisitions in the last five years?

No Yes If Yes, please provide details:

12. Has the Insured or any of its subsidiaries been involved in any joint ventures in the last five years?

No Yes If Yes, please provide details:

13. Does the Insured require cover for any previous business including the previous business of any principal or director?

No Yes If Yes, please provide details:

Name of Principal or Director	Name of Previous Business	Professional Services/ Activities

Note: Previous Business is an Optional Extension and is not automatically covered



Part D – Claims

18. Is the Insured aware of any circumstance or incident which may give rise to a claim against the Insured or its partners/principals/directors or employees?

No Yes If Yes, please provide details:

19. Has there ever been or is there any pending claims against the Insured, its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors or employees for actual or alleged breaches of professional duties or services for which this policy relates?

No Yes If Yes, please provide details:

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss insured	Estimated outstanding loss

20. Is the Insured aware of any actual or pending prosecution, investigation or inquiry of the Insured or any partners/principals/directors or employees under any statute, legislation, regulation or By-law whatsoever?

No Yes If Yes, please provide details:

21. Has the Insured or any partner/directors or employees ever been subject to any disciplinary action, been fined or penalised, or been the subject of an inquiry investigating or alleging professional misconduct?

No Yes If Yes, please provide details:

22. Has the Insured (including its subsidiaries, previous businesses or predecessors in business or its current or former partners/principals/directors) ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance policy?

No Yes If Yes, please provide details:



Part E – Declaration

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

By signing this Declaration, the Insured declares that all necessary inquiries into the accuracy of the responses given in this proposal have been made and the Insured confirms that the statements and particulars given in this proposal are true, accurate and complete and that no material facts have been omitted, misstated or suppressed. The Insured agrees that if any of the information changes between the date of this proposal and the inception date of the insurance to which this proposal relates, the Insured will give immediate notice thereof to the Artisan Underwriting Pty Ltd (Artisan).

The Insured acknowledges receipt of the Important Notice, Privacy Notice and Duty of Disclosure information contained in this proposal and confirms they have read and understood the content of them. The Insured consents to Artisan Underwriting Pty Ltd collecting, using and disclosing personal information as set out in Artisan's Privacy Notice in this proposal and the policy.

If the Insured has provided or will provide information to Artisan about any other individuals, the Insured confirms that they are authorised to disclose the other individual's personal information to Artisan and give the above consent on their behalf.

The signatory below confirms that they are authorised by the Insured (and its subsidiaries, previous businesses, partners/principals/directors if applicable) to complete this proposal form and to accept quotation terms for this insurance on behalf of the Insureds (and its subsidiaries, previous businesses, partners/principals/directors).

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	



Contact Us



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