



# MEDICAL PRACTITIONER PROFESSIONAL INDEMNITY APPLICATION FORM

## 1. PERSONAL DETAILS

Intended Start Date of Policy: \_\_\_\_\_

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Practice Address: \_\_\_\_\_  
\_\_\_\_\_

Practice Phone: \_\_\_\_\_ Are you a practice owner?  Yes  No

Broker Contact: \_\_\_\_\_ Preferred Contact:  Practice  Home  Email

## 2. QUALIFICATIONS

Qualification 1: \_\_\_\_\_

Institution: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Country: \_\_\_\_\_

Qualification 2: \_\_\_\_\_

Institution: \_\_\_\_\_ Year Obtained: \_\_\_\_\_ Country: \_\_\_\_\_

## 3. COLLEGE MEMBERSHIPS

College 1: \_\_\_\_\_ Year Fellowship Obtained: \_\_\_\_\_

College 2: \_\_\_\_\_ Year Fellowship Obtained: \_\_\_\_\_

3.1 Are you currently in a training program?  Yes  No If yes, when did you commence? \_\_\_\_\_

## 4. REGISTRATION

4.1 Are you working on a 422 or 457 visa whilst in Australia? (If Yes, please attach a copy)  Yes  No

4.2 AHPRA registration number: \_\_\_\_\_

4.3 Year first registered in Australia: \_\_\_\_\_

4.4 Have you ever practiced under a different name?  Yes  No

4.5 Have you ever been refused registration, been suspended or deregistered in any country (including voluntary relinquishing your registration)?  Yes  No



- 4.6 Have you ever had any conditions, limitations, notations, reprimands or undertakings imposed on your registration in any country (anything that would be considered an adverse decision to having standard registration)?  Yes  No

*If you answered Yes to either 4.4, 4.5 or 4.6 please provide further information.*

**5. INSURANCE HISTORY**

- 5.1 Have you ever been involved in an inquiry, investigation, complaint, coronial inquest in relation to your conduct as a provider of healthcare services?  Yes  No
- 5.2 Have you (or a healthcare providing organisation for whom you have worked) ever been involved in any claims, demands, suits or legal actions which have arisen out of your provision of healthcare?  Yes  No
- 5.3 Are you aware of any act, error, omission or circumstance that has arisen from your provision of healthcare services that could or should have been notified under any current or prior insurance policy or other arrangement under which you are or were entitled to indemnification?  Yes  No
- 5.4 Have you ever been charged with, convicted of or found guilty of a criminal offence in any country?  Yes  No
- 5.5 Have you ever self-notified or been the subject of a voluntary notification to AHPRA or any other healthcare registration authority in any country?  Yes  No
- 5.6 Has any adverse action ever been taken against you by an employer, medical board, hospital, health authority, medical college or statutory body in any country?  Yes  No
- 5.7 Is there any circumstance or situation, past or present, which you are aware of or should reasonably be aware of that relates to your provision of healthcare that is likely to give rise to any claim that would be covered under this policy?  Yes  No
- 5.8 Have you ever been involved in any type of employment dispute arising from the provision of healthcare services including those services provided by you to a healthcare providing organisation or services provided to you by an employee or contractor?  Yes  No
- 5.9 Have you ever held medical or professional indemnity insurance in the past? (list below)  Yes  No

<i>Insurer</i>	<i>Period of Insurance</i>	<i>Retroactive Date</i>	<i>Reason for Move</i>	<i>Premium (\$)</i>

- 5.10 Has any application for or renewal of medical or professional indemnity insurance ever been declined or cancelled, had a loading, deductible or special condition placed on your policy or have you ever been provided a policy with a reduced level of cover?  Yes  No
- 5.11 Have you ever provided healthcare without medical indemnity insurance in place (your own or a policy under which you were entitled to cover) or declined to take run-off cover for a period(s) where you were not practicing?  Yes  No

*If you answered Yes to any of the above please provide further information.  
Claims history to be provided in Section 8.*



**6. MEDICAL PRACTICE INFORMATION**

**6.1** In what Healthcare Services specialisation do you practice in?

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*Please refer to the list of Healthcare Services specialisations following this application for information about the insurance we offer. It is important to check that the Healthcare Services specialisation you select provides cover for all work you undertake for which you require insurance from us. If you are unclear which Healthcare Services specialisations to select please contact Tego Insurance.*

**6.2** Average hours worked per week: \_\_\_\_\_

**6.3** Years in Private Practice: \_\_\_\_\_

**6.4** Do you undertake any procedures/medical services usually considered to be outside of your specialisation? If yes, provide details.  Yes  No

**6.5** Do you intend to practice in numerous Healthcare Services specialisations in the next 12 months?  Yes  No

If yes, please list below, identifying the percentage of your work in each category:

Category	Percentage of your Gross Billings
Total:	100%

**6.6** If you provide healthcare in multiple States in Australia please advise of the percentage breakdown for the next 12 months: \_\_\_\_\_

**6.7** Do you currently, or have you ever performed cosmetic procedures that are not listed under the Healthcare Services specialisation(s) you have selected? If Yes, provide details.  Yes  No

**6.8** Do you require medical indemnity insurance for the provision of healthcare to public patients where you are not entitled to indemnity from any other source?  Yes  No

If Yes, do you treat public patients in public hospitals?  Yes  No

Or, do you treat public patients in your rooms, private hospitals or other health care facilities?  Yes  No

**6.9** Please advise your annual estimated Gross Billings for the next 12 months and the previous 2 years:

	Private Billings	Public Billings
Estimated Gross Billings for the year commencing 01-Jul-16	\$	\$
Actual Gross Billings for the year commencing 01-Jul-15	\$	\$
Actual Gross Billings for the year commencing 01-Jul-14	\$	\$

*Do NOT record a Gross Billings band. A dollar amount is required for all healthcare billings for which you require insurance cover. Medicare billings represent Gross Billings from the treatment of private patients. If you require cover for the treatment of public patients include the Gross Billings in the second column with your income generated from this work, however it is derived.*

**6.10** Have you ever practiced in another specialisation in the last 5 years? If Yes, provide details.  Yes  No



**7. RETROACTIVE COVER**

As of 1 January 2016 it is a requirement under the Medical Board’s revised Registration standard for professional indemnity insurance (PII) arrangements that all Medical Practitioners with professional indemnity insurance have appropriate retroactive cover for otherwise uncovered matters arising from prior practice undertaken in Australia. Berkshire Hathaway Specialty Insurance’s Medical Practitioner Professional Indemnity may provide you with unlimited retroactive cover for any prior practice you have undertaken.

**8. CLAIMS HISTORY**

If you have answered YES to any question in Section 5: Insurance History, please provide a detailed description of each matter below:

<i>Date of incident</i>	<i>Date you became aware of incident</i>	<i>Details of incident including gender and age of patient (where applicable)</i>	<i>Date reported to past insurer</i>

*Any claims and circumstances which might give rise to a claim(s) or proceedings must be reported to us as soon as possible.*

**DUTY OF DISCLOSURE**

Under the Insurance Contracts Act 1984 (Cth), 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.

The duty of disclosure applies to every person to be covered under the insurance.

You do not need to tell us anything that reduces the risk we insure you for, that is of common knowledge, that we know (or should know), or in respect of which we have waived the duty of disclosure.

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.



**PRIVACY**

We, along with all companies in the Berkshire Hathaway group of insurance companies, are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any claim made by you. Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your claim.

We will only use your personal information in accordance with the *Privacy Act 1988* (Cth) and for the purposes outlined above.

We may disclose your personal information to other companies in the Berkshire Hathaway group and other third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, New Zealand, the United Kingdom and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <http://www.bhspecialty.com/privacy-policy.html>, or contact our Chief Risk Officer by email to [australasia.privacy.compliance@bhspecialty.com](mailto:australasia.privacy.compliance@bhspecialty.com).

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorization from that individual.

**DECLARATION**

- (a) I declare that all answers and statements made in this application are true, correct and complete in every respect.
- (b) I authorise Berkshire Hathaway Specialty Insurance Company and its agents to obtain from other insurers, insurance reference bureaus or similar organisations any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**ADDITIONAL INFORMATION (add additional pages as needed)**



## HEALTHCARE SERVICES SPECIALISATIONS

### Anaesthesia

### Bariatric Surgery

*(Includes work in the GENERAL SURGERY specialisation but also includes Bariatric procedures)*

### Cardiology - Interventional

*(Includes work in CARDIOLOGY - NON-INTERVENTIONAL specialisation but also includes interventional procedures)*

### Cardiology - Non-Interventional

*(Excludes any interventional procedures)*

### Cardiothoracic Surgery

### Colorectal Surgery

### Cosmetic Proceduralist

*(Practitioners with General Registration only that perform surgical cosmetic procedures)*

### Dermatology

### Emergency Medicine

### Endocrine Surgery

### Endocrinology

### Gastroenterology

### General Physician

### General Practice - Non-Procedural

*(Includes non-procedural work but no anaesthetic, cosmetics or obstetric work)*

### General Practice – Procedural A

*(Includes work in the GP Non Procedural category but also includes procedural work, regional anaesthetic, minor cosmetics but no obstetrics)*

### General Practice – Procedural B

*(Includes work in both the GP Non-Procedural and GP Procedural A categories but also includes general anaesthetic, obstetrics but no surgical cosmetic procedures)*

### General Surgery

*(Excludes any Bariatric procedures)*

### Genetics

### Geriatric Medicine

### Gynaecology/IVF

### Haematology

### Hospital Medical Officer

### Immunology And Allergy

### Infectious Diseases

### Intensive Care

### Medico-Legal

### Nephrology

### Neurology

### Neurosurgery

### Nuclear Medicine

### Obstetrics & Gynaecology

### Occupational Medicine

### Oncology

### Ophthalmology - Non-Procedural

*(Excludes any surgical procedures)*

### Ophthalmology - Procedural

*(Includes work in the OPHTHALMOLOGY - NON- PROCEDURAL specialisation but also includes surgical procedures)*

### Oral & Maxillofacial Surgery

### Orthopaedic Surgery

*(Excludes any neck or spinal procedures)*

### Orthopaedic Surgery – Incl. Spinal and Neck

*(Includes work in the ORTHOPAEDIC SURGERY specialisation but also includes any neck or spinal procedures)*

### Otolaryngology (Surgery)

### Paediatric Surgery

### Paediatrics

### Pain Management

### Palliative Care

### Pathology

### Pharmacology

### Plastic & Reconstructive Surgery

*(Excludes any cosmetic procedures)*

### Plastic, Reconstructive And Cosmetic Surgery

*(Includes work in the PLASTIC & RECONSTRUCTIVE SURGERY specialisation but also includes any cosmetic procedures)*

### Psychiatry

### Public And Community Health

### Radiation Oncology

### Radiology

### Rehabilitation

### Respiratory Medicine

### Rheumatology

### Sports Medicine

### Ultrasound - Diagnostic

### Urology

### Vascular Surgery