

Health Professionals Insurance Plan

Professional Indemnity/Medical Malpractice, Legal and disciplinary Defence costs and Loss of earnings during hearing/enquiry

INTRODUCTION

Accident Compensation, Health & Disability Commissioner, HDCA and other legislation mean that today's health professionals and medical practitioners face increased risk of claims. These legislative and social changes have made it necessary for you to take responsibility for your own professional protection and financial security.

Instead of relying on insurance or indemnity agreements from employers or unions, you can have your own specially designed insurance plan. This plan is portable, anywhere in New Zealand, which means you can take it with you if you change employment. This is a significant advantage over the system where many health professionals rely on their employers for indemnity and may be left uninsured when they resign or retire.

This insurance plan enables you to purchase your own unique high quality insurance plan at an affordable premium. Please note the cover is for anywhere in New Zealand, this policy does not cover you while working overseas.

HOW DO I OBTAIN COVER?

Complete the application form and either email/fax or post to **Aon New Zealand, Professional Risks, P.O. Box 2517, Wellington 6140**. Aon will then send you your policy and certificate of insurance.

THE COVER

PROFESSIONAL INDEMNITY/ MEDICAL MALPRACTICE

This insurance provides cover for:

- \$500,000 in respect of each and every claim and \$1,000,000 in the aggregate.
- This section has nil excess, i.e. all claims are paid in full up to the amount of cover.
- Cover includes costs awarded against you as well as legal and other defence costs, whether the case against you is successful or not.

LEGAL AND DISCIPLINARY DEFENCE COSTS

This section will cover legal costs and expenses incurred in the defence of any action or enquiry brought against you such as Medical Disciplinary Hearings, Committees of Enquiry, Courts Martial, ACC Enquiries, Privacy Complaints Tribunal, Coroners Courts and the like.

LOSS OF EARNINGS

As a result of attendance at a court of enquiry because of a claim against you. For Health Professionals, the policy pays up to \$1,000 per week for a maximum of 13 weeks.

OPTIONAL EXTENSIONS:

PUBLIC / GENERAL LIABILITY option 1 \$1,000,000 limit of liability; option 2 \$5,000,000 limit of liability

Covering your legal liability to the public for bodily injury and/or damage to third party property arising from your practice activities but excluding bodily injury resulting from a treatment process – covered by Professional Indemnity/Medical Malpractice above.

STATUTORY LIABILITY option 1 \$500,000 limit of liability; option 2 \$1,000,000 limit of liability

Covering your defence cost and certain fines and penalties imposed on you by a regulator or statutory body because of your unintentional breach of the insured Acts. For example Health & Safety at Work Act. This optional insurance is becoming more important for employers in particular, due to the changes to at work health and safety regulations.

HOW DO I MAKE A CLAIM?

For immediate Claims response call: Aon New Zealand, Professional Risks Division, Ph +64 4 819 4000

WHAT IS NOT COVERED BY THE PLAN?

Like all insurance policies, there are number of exclusions. These are reasonable and full details are contained in the policy folder.

WHO MANAGES THE PLAN?

This Plan is managed by Aon New Zealand, the world's number one Retail Insurance Broker. The Company's heritage in New Zealand goes back to the 1930s.

The role of Aon is to manage the plan on behalf of the Insurers, but with responsibility to act in the best interest of you, the customer, at all times.

WHO IS THE INSURER?

QBE Insurance (Australia) Limited ABN 78 003 191 035, Incorporated in Australia is a specialist Insurer which transacts insurance business through professional Insurance Brokers. The Company is New Zealand's largest Medical Malpractice Insurer and has Standard & Poor's A+ (good) claims paying rating.

WHO QUALIFIES FOR THIS SCHEME?

The plan is available to all qualified health professionals.

This Professional Indemnity/Medical Malpractice and Liability Insurance Application is for individual health practitioners only and their employees acting in an administration support role (i.e. non health professional) . Additional insurance may be required if you employ additional staff.

Your Name including Title (please also include your company/trading name if applicable)			
Mailing Address		Post Code	
Email Address			
Telephone Number		Mobile Number	

Please state fully the nature of your Occupation / Profession				
Please advise qualifications and date obtained				
Please advise Professional Bodies or Associations you belong to				
Do you have employees, directors or partners, or do you engage contractors to work for you? If YES please complete the questions in this section <i>(please state the number of people as applicable)</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
(a) Partners/Directors <i>(health professional practising partners or directors will also need individual professional indemnity malpractice cover)</i>	(number)	(b) Non-technical administrative staff	(number)	
(c) Qualified staff e.g. medical or health professionals – employed	(number)	(d) Contractors	(number)	
If you have entered a number in (c) and (d) do you require them to hold their own Insurance? <i>(This insurance application does not include cover for other qualified partners/directors/staff or contractors)</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>

Insurance History

1. Is this a continuation of previous cover through Aon?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO who is your current Insurer?				
2. Has any Insurer:				
Declined a proposal for Professional Indemnity/Medical Malpractice Insurance; Required an increased premium or imposed special terms; Declined to renew the insurance; Cancelled the insurance?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If any answer in Q2 above is YES , please give details below:				
3. Have you ever been the subject of any claim or complaint for medical malpractice, negligence, error or omission, or has there been any disciplinary proceedings or inquiry (include current inquiries) in connection with the standard of care provided by you?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Are you aware of any circumstances which may give rise to a claim or complaint being made against you?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES to Q3 or Q4 above, please give details:				

Declaration / Acknowledgement

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 the policy will NOT provide cover in respect of any incidents which were known to me prior to the date cover is granted by insurers.

Signature: Date: _____

Professional Indemnity /Malpractice – please select your modality from the table below.

CATEGORIES FOR HEALTH PROFESSIONALS

Category 1
Premium
\$304.75

- | | | |
|---|---|---|
| <input type="checkbox"/> Audiometrists | <input type="checkbox"/> Clinical Dental Technicians | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Dispensing Optician | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Counsellors / Social Workers |
| <input type="checkbox"/> Lactation Consultants | <input type="checkbox"/> Massage Therapist (Non-Member) | <input type="checkbox"/> Medical Laboratory Technologists |
| <input type="checkbox"/> Melanographer | <input type="checkbox"/> Music Therapist (Non-Member) | <input type="checkbox"/> Nurses / Health Care Assistant |
| <input type="checkbox"/> Occupational Health Nurses | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Reiki | <input type="checkbox"/> Reflexologists | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Ultra Sonographer | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Chakra Counselling |
| <input type="checkbox"/> Dance Therapist (Non-Member) | <input type="checkbox"/> Ashati | <input type="checkbox"/> Healing Touch |

Category 2
Premium
\$419.75

- | | | |
|--|---|---|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Aromatherapists | <input type="checkbox"/> Behaviour Therapists |
| <input type="checkbox"/> Bowen Therapists | <input type="checkbox"/> Charge Medical Radiation Tech | <input type="checkbox"/> Clinical Hypnotherapist |
| <input type="checkbox"/> Psychologists | <input type="checkbox"/> Craniosacral Therapists | <input type="checkbox"/> Health & Safety Consultants |
| <input type="checkbox"/> Homeopaths | <input type="checkbox"/> Indian Head Massage | <input type="checkbox"/> Medical Herbalists |
| <input type="checkbox"/> Natural Therapists | <input type="checkbox"/> Naturopath | <input type="checkbox"/> Neuro Linguistic Therapy |
| <input type="checkbox"/> Neuromuscular Therapist | <input type="checkbox"/> Nordic Walking | <input type="checkbox"/> Play Therapists |
| <input type="checkbox"/> Relaxation Massage | <input type="checkbox"/> Yoga or Sports Coaches/ Pilates | <input type="checkbox"/> Clinical Exercise Physiology |
| <input type="checkbox"/> Baby Carrying/Baby wearing Consultant | <input type="checkbox"/> Art Therapists (Non-Members of ANZATA) | |
| <input type="checkbox"/> Beauty Therapists (appearance Nurses) if using Botox premium will be \$500 excluding admin fee, GST & PL | | |
| <input type="checkbox"/> Bio Meso-therapist (cross between acupuncture/natural therapy) | | |

Category 3
Premium
\$540.50

- | | | |
|---|---|---|
| <input type="checkbox"/> Anaesthetic Technicians | <input type="checkbox"/> Audiologist | <input type="checkbox"/> Feldenkrais Method |
| <input type="checkbox"/> Medical Scientists | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Physio Coach |
| <input type="checkbox"/> Physiotherapists | <input type="checkbox"/> Personal Trainer | <input type="checkbox"/> Lymphatic Drainage Therapy |
| <input type="checkbox"/> Laser Therapy Treatments – pain relief or skin and hair removal. If Boxtox involved additional \$250+GST | | |
| <input type="checkbox"/> Medical Physicists and Engineers (excluding claims arising from owners of equipment and other users) | | |
| <input type="checkbox"/> Nuclear Medicine Technologist (effective from 23/07/2014) | | |

Category 4 Health Professionals Association & Other Specialists

If you are a current member of the following groups, then your premium Category is shown next to the corresponding society.

	Professional Indemnity/Malpractice
<input type="checkbox"/> NZ Speech Language Therapists (Members & Non Members)	\$230.00 <input type="checkbox"/>
<input type="checkbox"/> Members of Massage New Zealand	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> Art Therapists Members of ANZATA	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> Dance Therapy New Zealand	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> Music Therapy New Zealand	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> NZ Institute of Medical Radiation (Members & Non Members)	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> NZ College of Mental Health Nurses	\$281.75 <input type="checkbox"/>
<input type="checkbox"/> NZ Council of Homeopaths	\$362.25 <input type="checkbox"/>

• NZ Association of Medical Herbalists	\$345.00 <input type="checkbox"/>	
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Optional Companion Cover Please complete this section only if you require the following additional 'optional' policies. Additional premium as shown.	Tick to select option			
General Public Liability (third party bodily injury or property damage) \$1,000,000 Limit of Liability	YES <input type="checkbox"/>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">\$63.25 <input type="checkbox"/> <i>If you have Nil employees</i></td> <td style="width: 33%; padding: 5px;">\$86.25 <input type="checkbox"/> <i>If you have 1-2 employees</i></td> <td style="width: 33%; padding: 5px;">\$115 <input type="checkbox"/> <i>If you have 3-5 employees</i></td> </tr> </table>	\$63.25 <input type="checkbox"/> <i>If you have Nil employees</i>	\$86.25 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$115 <input type="checkbox"/> <i>If you have 3-5 employees</i>	<i>Please select the employee option applicable.</i>
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General Public Liability (third party bodily injury or property damage) \$5,000,000 Limit of Liability	YES <input type="checkbox"/>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">\$115 <input type="checkbox"/> <i>If you have Nil employees</i></td> <td style="width: 33%; padding: 5px;">\$172.50 <input type="checkbox"/> <i>If you have 1-2 employees</i></td> <td style="width: 33%; padding: 5px;">\$230 <input type="checkbox"/> <i>If you have 3-5 employees</i></td> </tr> </table>	\$115 <input type="checkbox"/> <i>If you have Nil employees</i>	\$172.50 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$230 <input type="checkbox"/> <i>If you have 3-5 employees</i>	<i>Please select the employee option applicable.</i>
\$115 <input type="checkbox"/> <i>If you have Nil employees</i>	\$172.50 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$230 <input type="checkbox"/> <i>If you have 3-5 employees</i>		
Statutory Liability (defence costs and fines and penalties cover) \$500,000 Limit of Liability	YES <input type="checkbox"/>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">\$28.75 <input type="checkbox"/> <i>If you have Nil employees</i></td> <td style="width: 33%; padding: 5px;">\$40.25 <input type="checkbox"/> <i>If you have 1-2 employees</i></td> <td style="width: 33%; padding: 5px;">\$63.25 <input type="checkbox"/> <i>If you have 3-5 employees</i></td> </tr> </table>	\$28.75 <input type="checkbox"/> <i>If you have Nil employees</i>	\$40.25 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$63.25 <input type="checkbox"/> <i>If you have 3-5 employees</i>	<i>Please select the employee option applicable.</i>
\$28.75 <input type="checkbox"/> <i>If you have Nil employees</i>	\$40.25 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$63.25 <input type="checkbox"/> <i>If you have 3-5 employees</i>		
Statutory Liability (defence costs and fines and penalties cover) \$1,000,000 Limit of Liability	YES <input type="checkbox"/>			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; padding: 5px;">\$57.50 <input type="checkbox"/> <i>If you have Nil employees</i></td> <td style="width: 33%; padding: 5px;">\$80.50 <input type="checkbox"/> <i>If you have 1-2 employees</i></td> <td style="width: 33%; padding: 5px;">\$126.50 <input type="checkbox"/> <i>If you have 3-5 employees</i></td> </tr> </table>	\$57.50 <input type="checkbox"/> <i>If you have Nil employees</i>	\$80.50 <input type="checkbox"/> <i>If you have 1-2 employees</i>	\$126.50 <input type="checkbox"/> <i>If you have 3-5 employees</i>	<i>Please select the employee option applicable.</i>
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Unless otherwise noted an administration fee of \$50.00 is included in the premiums quoted and all premiums are inclusive of GST.