APPLICATION   
Healthcare Business Package

Including Optional Employment Practices Liability Insurance

**NOTE: IMPORTANT INFORMATION FOR BUSINESS PACKAGE POLICY**

**Duty of Disclosure - What you must tell us**

Under the Insurance Contracts Act 1984 (the Act), you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You do not have to tell us about any matter

* that diminishes the risk
* that is of common knowledge
* that *we* know or should know in the ordinary course of our business as an insurer, or
* which we indicate we do not want to know.

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may also have the option of avoiding the contract from its beginning.

**Declare the full value of your assets and income**

If you have chosen to insure your Building and Contents for reinstatement and replacement cost; you should ensure that the amount you nominate is adequate to completely reinstate or replace them, as if they were new. If you do not insure them for their full re-instatement or replacement value, the insurer will not be able to fully reinstate or replace them and you will have to bear a portion of the loss yourself. The insurer is entitled to reduce your claim, in some circumstance, by the percentage that you have under-insured your income and property.

This principle also applies to your gross income. You should insure for the full value of your income.

You need to assess whether the sums insured you have chosen are adequate every year before you renew your Policy and through the year periodically to ensure that you have included coverage for any unexpected increase in income or purchase of new or additional assets.

**Cooling-off information**

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you may notify your Financial Services Provider electronically or in writing within 21 days from the date the Policy commenced.

This cooling-off right does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights however your Financial Services Provider may deduct certain amounts from any refund for administration costs or any non-refundable taxes.

**NOTE: PLEASE READ THE FOLLOWING IMPORTANT NOTICES.**

**Liability Claims – Broadform Liability Section**

The Policy only provides cover in relation to Personal Injury and Damage to property that occurs during the Period of Insurance. This does not include Personal Injury or Damage to Property that has already been discovered after, the Period of Insurance

**Acceptance of the Application**

This insurance will not be in force until the completed Application has been received and the risk accepted by the insurer. The insurer reserves the right to decline any Application.

**Underinsurance/Average**

This means that if you under-insure, you may be required to bear a portion of the loss yourself. It is recommended that you engage the services of a professional property valuer to establish correct and appropriate sums insured for your property and assets.

**This Policy does not include Workers’ Compensation Insurance.**

Workers’ Compensation Insurance is compulsory for all employers of workers. (Separate application required).

**FLOOD COVERAGE – Property and Business Interruption Section**

This policy does not cover flood automatically. Flood coverage can be requested and will be assessed and offered on a case by case application basis by the insurer.

**Claims Made Sections – Employment Practice Liability**

This section operates on a claims made and notified basis. This means that the Insurer covers you for claims made against you and notified to the Insurer during the period of insurance. The insurer does not provide cover for acts, errors or omissions made, or circumstance or claims of which you are aware, prior to the retrospective date on your schedule.

**NOTE: If your require assistance with the completion of this form or need clarification on a question or**

**the information required, please contact your Insurance Broker.**



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AFS:412681

APPLICATION   
Healthcare Business Package

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| --- | --- | --- | --- |
| **INFORMATION ABOUT YOU AND YOUR ORGANISATION / BUSINESS:** | | | |
| Q1. **Please list the name of ALL entities to be insured*.*** *Note: you should list all ABN registered companies and trusts that may have an ownership or financial interest in the Business.* | | | |
|  | | | |
| Q2. **Trading Name/s:** | | | |
|  | | | |
| Q3. **Company ABN/s:** | | | |
|  | | | |
| Q4. **Contact Person:** | | | |
|  | | | |
| Q5. **Is the Organisation / Business Stamp Duty Exempt?** | | | |
| Yes *Note*: *you will need to provide a current completed “Qualifying Use Statement”* No | | | |
|  |  |  |  |
| Q6. **Phone:** |  | Q7. **Mobile:** |  |
|  |  |  |  |
| Q8. **Fax:** |  | Q9. **Website:** |  |
| Q10. **Email:** *Note: we will use this address as our main form of contact for documentation etc.* | | | |
|  | | | |
| Q11. **Please describe the nature of your Organisation / Business activities:** | | | |
|  | | | |
| **INFORMATION LOCATION/S AND COVER REQUIRED:** | | | | |
| Q12a. **Please list the address location to be insured:** | | | | |
| **LOCATION 1**: *Note: this should be your main location; additional locations can be listed on the supplementary “Supplementary Additional Location Addendum” form.* | | | | |
|  | | | | |
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| Q12b**. Please describe the construction of the building and security arrangements at this location:** | |
| Building  Construction: | Year: \_\_\_\_\_\_ Wood Brick/Block/Concrete Other **⏵** Please describe: |
|  | |
| Roof  Construction: | Tile Iron / Colourbond Concrete Other **⏵** Please describe: |
|  | |
| Building Security: | Alarm (Back to Base) Deadlocks on all external doors Window Locks /Security Screens |
| **AUTOMATIC COVERS**  **Your policy will automatically include the following cover.**  *Note: the following cover applies to all locations as an aggregate sum insured on the policy. I.e.: the sum insured you nominate will be the policy limit for all locations combined.*  **TAX INVESTIGATION ✔**Cover for ‘audit costs’ during an investigation $50,000  **EMPLOYEE DISHONESTY** **✔**Sum Insured: $10,000  **REFRIGERATED MEDICAL SUPPLIES** **✔**Sum Insured: $1,000 | |

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| --- | --- | --- | --- |
| Q13. **Do you wish to apply for Flood Cover at location 1***?*  *Note: Flood cover value is sub-limited to a combined total of $250,000 per location, for Property and Business Interruption sums insured***.** *Note: Flood coverage is not granted automatically. Applications for flood cover are considered on a case by case basis and granted entirely at the insurer’s discretion.* | | | Yes  No thanks, I don’t require this cover. |
| **PROPERTY COVER** | | |  |
| Q14. **Building Sum Insured required at location 1**:  *Note*: you should insure for the total cost to re-building your building. Seek the advice of a **professional** **Valuer** for more information. | | | **⏵**$  No thanks, I don’t require this cover. |
|  | | |  |
| Q15a. **Contents Sum Insured required at this location**:  *Note*: you should insure for the total cost to replace your contents including fit-out and IT infrastructure. Seek the advice of a **professional** **Valuer** for more information. | | | **⏵**$  No thanks, I don’t require this cover. |
| **✔Your policy will automatically include 100% value of the contents sum insured for theft cover.** | | | |
| Q15b. **Would you like to reduce this amount to 20% of your nominated contents sum insured?**  *Example*: If you have nominated $250,000 for your contents sum insured in Q15a, you can reduce your theft sum insured to 20% or $50,000. | | | |
| No thanks; I would like the theft sum insured to remain at 100% of the contents sum insured as per 15a.  Yes - please limit the theft cover on the policy to 20% of the nominated contents sum insured in Q15a. | | | |
| **BUSINESS INTERRUPTION COVER** | | | |
| Q16. **Would you like to insure your Gross Income at this location**:  *Note*: Your Gross income is **100%** of your annual income or turnover before wages, outgoings / overheads, payments to contractors. | | | |
| No thanks, I don’t require this cover  Yes – please nominate your total Gross Income for this location. **⏵** $ | | | |
| Q17. **Would you like to include the extra below covers?** | | | |
| No thanks, I don’t require these covers. Yes - please nominate the **total sum insured required** below.  **⏵**Extra cost of working $      **⏵**Claims Preparation Costs $       **⏵**Account Receivable $ | | | |
| Q18. **Would you like to insure your Annual Wages / Payroll at this location?**  *Note*: Indemnity period is limited to 6 months. Your annual wages or payroll should include all benefits payable to employees including Wages / Salaries, Tax, FBT, Sickness or Carers Leave, Holiday Leave, any loadings, Workers Compensation premiums payable, Superannuation, or other fund contributions. | | | |
| No thanks, I don’t require this cover  Yes – please nominate your total Annual Wages / Payroll for this location. **⏵** $ | | | |
| Q19. **If you are the property owner at this location, would you like to insure your Annual Rental Income?**  *Note*: Your annual rental income is the amount received by you in accordance with a lease or documented rental agreement. | | | |
| No thanks, I don’t require this cover  Yes – please nominate your total Annual Rental Income for this location. **⏵**$       . | | | |
| **PUBLIC LIABILITY (BROADFORM LIABILITY)** | | | |
| Q20. **Would you like to insure this location for Public and Products Liability?** | | | |
| No thanks, I don’t require this cover  Yes – please nominate your required sum insured below?  **⏵**  $10 million  $20 million | | | |
| **GLASS** | | | |
| Q21. **Would you like to insure this location for Glass cover? (Automatic Internal & External)** | | | |
| No thanks, I don’t require this cover  Yes | | | |
| Q22. **Would you like to Insure for Blanket Money cover?** | | | |
| No thanks.  Yes - please nominate the **total sum insured required**:**⏵**Money $ | | | |
| Q23. **Would you like to add cover for General Property***?*  *Note: General Property means all laptops, mobile phones, iPads / Tables and electronic equipment (or otherwise) that is permanently away from you locations or in possession of a 3rd party.*  *Note: You should list ALL portable items of the organisation / business on this part of the form, regardless of the number of locations for your business / organisation.. If you require additional space to record you portable items please use the ‘Supplementary General Property Addendum’ form.* | | | |
| No thanks, I don’t require items to be insured.  Yes - please list the items and values below: | | | |
| **ITEM** | **VALUE** | **ITEM** | |
| LAPTOPS / IPADS / TABLETS | $ |  | |
| IPHONES/SMART PHONES | $ |  | |
| OTHER: | $ |  | |
| Q25a. **Would you like to insure for ELECTRONIC EQUIPMENT AND MACHINERY BREAKDOWN?** | | | |
| No thanks, I don’t require Electronic Equipment or Machinery Breakdown cover.  Yes - please answer Q25b – Q25d below:  Q25b Please **nominate a sum insured below?**    $20,000 Any One Loss  $30,000 Any One Loss  $50,000 Any One Loss  Other – please specify the required sum insured: **⏵**$      Any One Loss  Cover under this section provides an **automatic** sum insured for:  **✔**Re-instatement of Data $20,000 **✔**Extra Cost of Working (due to a breakdown) $20,000  **✔**Refrigerated Medical Supplies $1,000  Q 25c **Would you like a higher sum insured for:**  Reinstatement of Data?  Yes - please nominate the total sum insured required **⏵**$  No thanks; I don’t require a higher sum insured extra Cost of Working.  Extra Cost of Working?Yes - please nominate the total sum insured required **⏵**$  No thanks; I don’t require a higher sum insured.  Refrigerated Medical Supplies?Yes - please nominate the total sum insured required **⏵**$  No thanks; I don’t require a higher sum insured.  Q 25d **Would you like insure for loss of profit due to a claimable breakdown?**  Yes - please nominate the total sum insured required **⏵**$       ,  **⏵**And, please nominate an indemnity period? 3 months6 months12 months  No thanks, I don’t require this cover | | | |

Q26a Would **you like to insure for EMPLOYMENT PRACTICES LIABILITY INSURANCE?**

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| --- | --- | --- | --- | --- | --- | --- |
| No thanks, I don’t require Employment Practice Liability Insurance cover.  Yes - please answer Q26b – Q26f below:  Q26b Please **indicate the number of employees in the past 3 years:** | | | | | | |
|  | **YEAR BEFORE LAST** | | **LAST YEAR** | | **ESTIMATE FOR THIS YEAR** | |
|  | Australia | Overseas | Australia | Overseas | Australia | Overseas |
| **FULL TIME** |  |  |  |  |  |  |
| **PART TIME** |  |  |  |  |  |  |
| **TEMPS** |  |  |  |  |  |  |
| **CONTRACTORS** |  |  |  |  |  |  |
| Q26c **Please indicate the Full time Equivalent (FTE) of all staff at the present time?** *Note: 1 FTE = 38hours* **⏵**  Q26d **Did you initiate any staff or contractor terminations in the past two (2) years?**  No. Yes - please provide details below  **⏵**Details of terminations in past two (2) years.      Q26e **Has there been any workplace incidents that have resulted in a claim/s being made against the orgainsation / business in the past five (5) years?**  No. Yes - please provide details below  **⏵**Details of workplace incidents in past five (5) years.  Q26f **Please specify a sum insured for your Employment Practice Liability Insurance**?  **⏵** $500,000 $1,000,000 $2,000,000 | | | | | | |
|  | | | | | | |
| **GENERAL QUESTIONS:** | | | | | | |
| *Note: these questions relate to each and every individual and refer to all locations and must be answered in that respect.*  Q27a **Has any insurer declined an application from You, or cancelled or refused to renew a policy of yours, required special terms to insure You, or declined or refused a claim.**  No  Yes – Please provide details in the box provided below?  Q27b **Have you sustained any loss or damage to property in the last 5 years?**  No  Yes – Please provide details in the box provided below?  Q27c **Have you had any claims made against you for property damage or personal injury in the last 5 years?**  No  Yes, please list below year, type and description of claim.  Q27d **Have you, or any person who will receive insurance protection under the proposed Policy, been charged with or convicted of, any criminal offences in the past 10 years?**  No  Yes – Please provide details in the box provided below?  Q27e **During the last two years have you or any other person to whom cover extends under this policy received any threats to life or property (private or business)?**  No  Yes – Please provide details in the box provided below?  Q27f **Is any portion of the property to be insured in a state of disrepair or poor condition?**  No  Yes – Please provide details in the box provided below?  Q27g **Are there any other relevant facts relating to the risk to be insured which You should disclose to Us, to enable a true assessment of Your insurance application?**  No  Yes – Please provide details in the box provided below?  If you have answered **YES** to Q27a – Q27f (above), please provide complete details here: | | | | | | |

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| **DECLARATION:** |
| *Note: the below declaration references this application and any additional addendums/documents you have provided pertaining to the risk described and nominated in this document.*  **I/we hereby acknowledge, that I/we have read and understood the ‘Duty of Disclosure and other important notices at the beginning of the forms, and that the information I/we have supplied on this proposal is true and correct.**  **I/we confirm that I/we have been authorised to enquire behalf of and sign on behalf of the business/organisation name in this proposal.** |
| **Name:**       **Position:**  **Signature:**       **Date:** |

**Please indicate if you have attached either of the following Supplementary Addendums to this application:**

**Additional Locations  General Property**

**NOTE: If your require assistance with the completion of this form or need clarification on a question or**

**the information required, please contact your Insurance Broker.**



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