Practitioner Indemnity Insurance Policy Application Form



Membership with Avant Mutual Group Limited ABN 58 123 154 898
Practitioner Indemnity Insurance with Avant Insurance Limited ABN 82 003 707 471 AFSL 238765
Version: 1 January 2013

This is the application form for Membership and a Practitioner Indemnity Insurance Policy. This is a legal document, which will form (a) the basis of the contract of insurance between the insured (you) and Avant Insurance Limited (Avant Insurance); and (b) the basis of your contract of Membership with Avant Mutual Group Limited (Avant). When reading this document a reference to 'we', 'our' and 'us' will mean Avant Insurance. 'You' and 'your' will mean the insured.

It is important that the information you provide is complete and accurate. Where there is not sufficient room please provide your answers within the 'additional information' section or on a separate page. If you fail to disclose material information we may be entitled to reduce our liability or avoid the contract from the beginning. Once we receive your completed application we will assess to see if you meet our underwriting criteria. If you have any queries or need to access policy documents you can access them online at www.avant.org.au or contact Member Services on 1800 128 268.

Contact information

Title): :	Given names:		Surname:			
Gender: Male Female			Date of birth:				
Residential address:			Telephone:				
				Fax:			
			Mobile:				
Primary practice address:			Practice telephone:				
Pref	Preferred mailing address: Residential Practice Other (provide details below)						
Email address: Alte			Alternate email:				
		email address I consent to receiving	g emails from Avant in accordance				
Disclosure documents:			Financial Reports:				
Do you agree to receive the Product Disclosure Statement, Financial Services Guide and renewal documentation in future years electronically?			Avant's Financial Reports will only be made available to members at www.avant.org.au unless you elect to be sent a copy. I am happy to view Avant's Financial Report:				
Yes No			at www.avant.org.au via email by post				
Note: You may alter these consents at any time.			Note: This is a standing election until you tell us otherwise.				
Qualifications and registration information							
1.	Please list you	r medical qualifications:					
	Qualification:		University/institution:		Year awarde	d:	Country:
2. Please list your current college membership:							
	College:				Date membership commenced:		

3.	Do you require a visa to work in Australia?		Yes	No			
	If YES please indicate which one and attach a copy 422	457 Other	165	NO			
4.	4. Please provide all your AHPRA registration details:						
	Year of registration: Expiry date of registration:	Registration number:					
5.	In relation to your registration in any country have you ever been If YES please provide details within the 'additional information' section o		Yes	□ No			
6.	In relation to your registration in any country are there or have there been any conditions, limitations or undertakings imposed? If YES please provide details within the 'additional information' section or on a separate page.			□ No			
Claims	ns, complaints, incidents or proceedings						
Giairris	is, complaints, incluents of proceedings						
7.	Have you ever been subject to an investigation, complaint, inquiry in relation to your conduct as a healthcare professional?	Yes	□ No				
8.	Have you (or a practice in which you work or worked) ever been in connection with your conduct as a healthcare professional?	Yes	No				
9.	Are you aware of any act, error or omission which may give rise you (or a practice in which you work or worked) in respect of your		Yes	□ No			
10.	Have you ever been diagnosed with or treated for cognitive impair performance as a healthcare professional?	Yes	□ No				
11.	Have you ever been charged with, convicted or found guilty of a c	Yes	☐ No				
12.	Have you ever made a self notification or been the subject of a vo	Yes	□ No				
13.	Have you ever been counselled, disciplined or had authorisations a medical college, a statutory body or a medical board?	Yes	□ No				
14.	including any potential defamation dispute, employer or employee	e dispute or audit by the Australian Tax Office?	Yes	□ No			
	If you answer YES to any of these questions, please provide details within	n the 'additional information' section or on a separate page.					
Policy	y details						
15.	Policy start date: If your application is approved, your cover wil		Yes	No			
	unless you request a later start date. Do you want the policy to st	art at a later date?	103				
	If YES please specify date						
16.	Policy end date: When would you like this policy to end?	30 June 31 December					
17.	Do you want to participate in the Premium Support Scheme?	Yes	No				
	If YES we will send you a Premium Support Scheme Terms and Condition						
	Form if we send you an offer of insurance. Please refer to our PSS bookle online at www.avant.org.au or by requesting a copy from Member Service						
Medica	cal practice information						
18.	What is your category of practice?						
	Category of practice:	Are you a staff specialist?	Yes	☐ No			
	Please refer to the Category of Practice Guide to identify the cresult in no cover for a procedure outside of your chosen cate						
19.	Do you undertake any procedures or medical services that may be		B.1				
	or area of practice?		Yes	No			
	If YES please provide details within the 'additional information' section or Have you participated, or are you participating in a clinical t						
20.	Pharmaceutical company?	Yes	☐ No				

21.	Please provide your estimated gro	oss billings* for private practice:	\$					
22.	Please confirm what period you a	re providing an estimate for:						
	end of proposed policy (to 30 June or 31 December) Note: We will annualise these billings.							
	*Estimated gross billings: Please read the definition of gross billings in the Category of Practice Guide. You must provide an accurate estimate of your gross billings. Otherwise you may not be covered in the event of a claim against you.							
23.	Do you provide healthcare services to public patients where you are NOT or do not have the right to be indemnified by a hospital, area health service, government scheme, or another person and require cover for healthcare you provide to public patients?							
	If YES please provide details within the public patients. You need to determine government scheme, or another personal under the policy).	e if you are entitled to cover for civil lia	ability for public pat r treating public pa	ients from a hospital, area health	service,			
	If YES please also provide estimated	gross billings* for the same period:	\$					
Past in	surance and indemnity information	on						
24.	Have you ever been indemnified by If YES please provide details:	oy any Australian medical defence	organisation or i	nsurance company in the past	?	Yes	□ No	
	Insurer / organisation:	Policy period:	W	hy is cover being sought elsewh	ere? P	Retroactive date:		
25.	Have you ever had an application placed on your insurance or been policy cancelled? If YES please provide details within the	offered or provided with a reduc	ed level of cover,			Yes	□ No	
Retros	ctive indemnity							
	ired by section 22 of the <i>Medical Ir</i>	ndemnity (Prudential Supervision	and Product Star	udarde) Act 2003 (Cth), we will	if your applic	ration is accente	ad offer you	
	ive cover when this insurance contr				, ii your applic	ation is accepte	o, oner yet	
	oactive date is the date on or after w							
-	not covered for acts, errors or omisedical indemnity cover and the perio				-	-	review your	
,								
26.	Nominated retroactive date:							
27.	Do you have any periods for which you require additional retroactive cover because you were not covered by an insurance policy or you returned to private practice after a period of no private practice or because you previously changed insurer and did not take out run off cover?							
	From:	To:						
	From:	To:						
Optiona	al covers							
28.	Do you wish to apply for personal	expenses optional cover and inte	rruption to earnir	ngs optional cover?		Yes	No	
	This optional cover package is su	bject to an additional premium.				1G9	L NU	

Before signing the declarations, please review the information you have provided and ensure that you have answered all sections accurately and to the best of your knowledge and belief.

Application and declaration

I hereby apply for membership of Avant and for a Practitioner Indemnity Insurance Policy from Avant Insurance. I agree to be bound by the Constitution of Avant and the terms of any insurance policy issued to me by Avant Insurance.

I declare that:

- a) the information I have given in this application form and in any accompanying documents is true and correct, and I understand that Avant Insurance will rely on this information in deciding whether to provide me with an insurance contract and on what terms and conditions, and that it will form the basis of my policy
- b) the retroactive date I have selected is adequate to cover me for all prior uncovered incidents and I agree to accept all future offers of retroactive cover as set out in the Policy and this application form, unless I otherwise advise Avant Insurance in writing. If I decide not to accept any offer of retroactive cover or future offers of retroactive cover, I may be uninsured for incidents occurring prior to the commencement date of my policy
- c) if I have asked for public patient cover I understand that I need to determine if I am entitled to cover for civil liability for public patients from a hospital, area health service, a government scheme, or another person and that cover for civil liability will only be provided to me where I have no right to indemnity
- d) I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform Avant Insurance of any material alteration of the risk during the policy period including any change in the nature or location of my practice or my billings (if any)
- e) I have read and understood the Financial Services Guide, Product Disclosure Statement, Practitioner Indemnity Insurance Policy, Category of Practice Guide and Constitution of Avant and I acknowledge that cover is subject to the terms, conditions and exclusions of the Policy
- f) I consent to Avant contacting me in accordance with Avant's Privacy Policy (including via email, if I have provided my email address). I understand that I may alter this consent at any time by contacting Avant
- g) I understand this application is subject to approval by Avant and Avant Insurance. I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy provided to me or as otherwise specifically varied by Avant Insurance and agreed to by me
- h) I authorise Avant Insurance to discuss and obtain information or documents in relation to insurance matters or claims history from another insurance company, MDO or an insurance reference bureau or similar organisation
- i) I authorise Avant Insurance to obtain information and documents in relation to my registration, conditions of my registration or any other matter from any Medical Board or other registration body
- j) I understand I may be required to participate in an audit to verify my category of practice and/or my gross private practice billings (if any) and that I must cooperate and facilitate such an audit. This may include the provision of a Statutory Declaration by me with regard to my gross billings for Private Practice.

Signature:	Date:			
Print name:				
Additional information				

Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 is a subsidiary of Avant Mutual Group Limited ABN 58 123 154 898.

IMPORTANT: Professional indemnity insurance products available from Avant Mutual Group Limited ABN 58 123 154 898 are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to your own objectives, financial situation and needs before deciding to purchase or continuing to hold a policy with us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording and PDS, which is available at www.avant.org.au or by contacting us on 1800 128 268.