



Support when you need it

This application for insurance is available to registered medical practitioners carrying on practice in New Zealand who are members of Medicus Indemnity Inc. To confirm you are eligible to purchase this insurance policy at the quoted premium, please answer the questions below.

**IMPORTANT NOTICES**

Please complete and return this proposal form to Aon New Zealand at [nz.medicus@aon.com](mailto:nz.medicus@aon.com).

**Duty of Disclosure**

When you apply for a policy of insurance you have a duty to the insurer to provide complete and accurate material information that you know or ought to know. Material information is any facts that the insurer may rely on to decide whether or not to offer you insurance, and if so, on what terms. This may include providing information that has not been asked for directly in the proposal or declaration form. You have that duty before you renew, extend, vary or reinstate a contract of general insurance. Failure to comply with the duty of disclosure may result in the insurer reducing the amount they pay in the event of a claim, avoiding a claim, or avoiding a policy from the renewal or inception date.

You do not need to tell the insurer anything that:

- + reduces the risk;
- + is common knowledge;
- + your insurer knows or should know as an insurer; or
- + the insurer waives compliance with relating to your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Medicus Account Manager.

**A MEMBER APPLICATION DETAILS**

Full Name	<input type="text"/>	Mr	Mrs	Miss	Ms	Dr	
Postal Address	<input type="text"/>	Telephone	<input type="text"/>	Mobile	<input type="text"/>		
		Post Code	<input type="text"/>	Website	<input type="text"/>		
Professional Qualifications	<input type="text"/>	Email	<input type="text"/>				
<b>Important:</b> Which Professional Body are you registered with	<input type="text"/>	NZMA No.*	<input type="text"/>				

*\*To qualify for the NZMA discounted rate - please provide your New Zealand Medical Association number.*

**B COVER REQUIREMENTS**

*Please select your area of Practice by ticking the option*

The Insurance cover provides an indemnity limit of \$1,000,000 for settlements to a third party plus \$1,000,000 for your medico-legal and defence costs. The Excess is Nil.

Cover Option	Area of Practice	Premiums (include GST):	Standard	NZMA	Option
Option 1	House Officer First Year		Nil	Nil	
Option 2	House Officer Second and Subsequent Years		\$447.35	\$402.50	
Option 3	Registrar		\$517.50	\$465.75	
Option 4	Limited Income Practice; annual income less than \$50,000		\$979.80	\$878.60	
Option 5	Hospital Doctor, General Practitioner, Medico-Legal Practitioner, Paediatrician, Pathologist, Physician, Psychiatrist, Radiologist, Anaesthetist, Gynaecologist, Obstetrician, Surgeon, Oral & Maxillofacial Surgeon		\$1,407.60	\$1,267.30	

**Important Note:** Aon receives commission from insurers in relation to the placement of your insurance. The commission is calculated as a proportion of premium paid to the insurer. The commission related to the placement of your insurance is 25%. Aon does not collect any commission or fee on the part of your premium paid to Medicus.

**C INSURANCE**

1. Are you currently insured or indemnified by a medical indemnity provider Yes No

*If yes, please advise the name of the provider*

2. Has any Insurer or Indemnity Provider ever: (a) Declined to accept or refused to renew your application for medical indemnity cover Yes No

(b) Required an increased subscription or premium or imposed special terms Yes No

*If yes to items (abc) – please provide details below.* (c) Cancelled any of your indemnity or membership entitlements? Yes No

3. Do you own or manage a clinical trial company? Yes No

4. Are you personally involved in clinical trials? Yes No

*If you answer yes to Question 3 ad 4, please provide full details. Attach serpate sheet if required.*

**D DISCLOSURE**

1. **In the last 5 years** have any complaints been made about you that have been dealt with by the office of the Health and Disability Commissioner? Yes No
2. **In the last 5 years** have any complaints or concerns been raised about you that have, in isolation or cumulatively, led to an outcome where:
  - (a) You are required to take any steps to address areas of concern arising from the complaint or concern Yes No
  - (b) There has been a referral for education or other remediation Yes No
  - (c) Your professional body (Medical Council, Nursing Council, Medical Sciences Council for example) became involved Yes No
3. Have you been the subject of any other complaint, investigation, enquiry or claim for compensation that is not described in the above (regardless of insurance indemnity applying or not)? Yes No

If you have **yes** to any of the above, please provide details.

*Attach a separate sheet if required – and TICK to confirm attachment:*

**E IMPORTANT INFORMATION & TERMS OF BUSINESS**

As **your** insurance advisor, **we** want to draw **your** attention to certain important matters that relate to **your** insurance. Except as otherwise agreed (in writing), **you** agree that **Aon's** Terms of Business apply to the provision of **our** services. These terms are available here [www.aon.co.nz/About-Aon/Terms-of-Business](http://www.aon.co.nz/About-Aon/Terms-of-Business) and apply to all new business and renewals. **You** accept these terms by continuing to instruct us.

**F DECLARATION**

This quote is based on the information you have provided in this online application.

- I acknowledge that I have read, understood and agree to comply with my duty of disclosure obligations.

**Insurer Declaration**

- I/we hereby declare that the answers given in this proposal (and any attachments relating to it) are true, and I/we have disclosed all material facts and should any information given by me/us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates I/we shall give immediate notice thereof.
- I/We agree to authorise NZI, a business division of IAG New Zealand Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or the Insurance Claims Register.
- I/we agree that this Proposal, declaration (and any attachments to it) and any other information supplied to NZI, a business division of IAG New Zealand Limited, in support of this Proposal shall be the basis of the contract between us.

- Aon is committed to protecting your personal information in accordance with the New Zealand Privacy Principles under the Privacy Act 2020. For further detail refer to our [Privacy Policy](#). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Policy. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Policy.

**Insurer Financial Strength Ratings (in summary form) Rating Scale**

The insurer providing this product is NZI, a business division of IAG New Zealand Limited, and has been given an AA- (Strong) Insurer Financial Strength Rating by Standard & Poor's (Australia) Pty Ltd in accordance with the Insurance (Prudential Supervision Act) 2010.

Standard & Poor's (Australia) Pty Ltd				
<b>AAA</b>	Extremely Strong	<b>B</b>	Weak	<b>CCC</b> Very Weak
<b>AA</b>	Very Strong	<b>BBB</b>	Good	<b>CC</b> Extremely Weak
<b>A</b>	Strong	<b>BB</b>	Marginal	<b>SD</b> Selective Default
				<b>D</b> Default

**This form does not automatically bind the insurers as cover is subject to insurer approval.**

Name \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date, within the next 30 days, you would like Insurance to commence \_\_\_\_\_

In accordance with the new Privacy Act – this page will be removed from the client document once payment has been made, and no trace of payment details will be held on file

**\$ PAYMENT OPTIONS**

Full Name

Select one of the following Payment Options

**OPTION 1 DEPOSIT**

I have Deposited  On Date

To Aon Account ANZ 01-0505-0038725-06 (quoting my name as payment reference)

**OPTION 2 CREDIT CARD (Mastercard or Visa only cards acceptable)**

Please debit my  Mastercard  Visa

Security I.D.

Name on card  Expiry Date (mm/yy)