



Medical Malpractice & Legal Expenses
Defence & Pursuit Cover
Proposal form



NOTICE

This is a proposal form for a claims made policy. The policy will only respond to claims and/or circumstances which are first made against you and notified to Delta Insurance New Zealand Limited during the policy period.

This proposal forms the basis of any insurance contract entered into. Please complete it fully and carefully, remembering to sign the Declaration. If you have insufficient space to complete any of your answers please continue on a separate attachment.

You have an ongoing duty to disclose all material facts and failure to do so could prejudice future claims.

APPLICANT DETAILS

- 1 Name of applicant including trading names:
- 2 Name of subsidiaries:
- 3 Name of any other parties required to be insured (including their relationship with the applicant):

- 4 Has your name ever been changed, or have you purchased or merged with any other practice or business? Yes No
If Yes, please attach details.
- 5 Please list the address/es of your branch offices or other locations (if applicable):

- 6 Website address:
- 7 Type of facility:
 Private hospital Clinic Group practice Laboratory Retirement village Rehabilitation centre
 Public hospital Hospice Nursing home Pharmacy Other (specify):
- 8 Nature of practice entity:
 Public – NZX Ltd liability company Ltd partnership Other (specify):

STAFF DETAILS

9 Please indicate the number of personnel applicable below:

Position	Part time	Full time	Position	Part time	Full time
Principals, partners or directors			X-ray technicians		
Doctors (including locum doctors)			Physiotherapists		
Surgeons			Midwives		
Interns			Healthcare assistant/health workers		
Registered nurses			Other registered professionals		
Enrolled nurses			Other skilled & technical employees		
Pharmacists			Non-technical administrative staff		
Laboratory technicians			Other (specify):		
Dentists			Total		

10 Please list the qualifications of your Principals, Partners, Directors and other key professional personnel:

Name	Qualification	Year qualified

BUSINESS DETAILS AND FINANCIAL INFORMATION

11 Which professional societies and associations are you, your Principals, Partners or Directors members of?

12 Do you ensure that all doctors providing medical services for, or using the facilities of your practice entity, carry their own medical malpractice insurance cover? Yes No

If No, are you requesting cover for these doctors as part of your application? Yes No

13 Are you ISO 9001 certified? Yes No

If Yes, when was this achieved and for which activities?

14 What is the total number of beds?

15 What is the average annual occupancy rate?

16 What is the total number of bassinets?

17 What is the total number of patients annually? Inpatients: _____ Outpatients: _____

18 Do you have any of the following:

(a) Intensive care unit (ICU)? Yes No

(b) Accident and emergency department? Yes No

(c) Outpatients department? Yes No

(d) Medical teaching facility? Yes No

(e) Pathology facility? Yes No

(f) Blood banking facility? Yes No

19 What percentage of your activities are represented by each of the following types of professional healthcare services?

Type of service	Percentage	Type of service	Percentage
Audiology	%	Oncology	%
Aged care/assisted living	%	Ophthalmology (including LASIK and laser)	%
Clinical trials	%	Paediatrics	%
Communicable diseases	%	Pathology	%
Dentistry	%	Plastic surgery (elective cosmetic)	%
Dermatology	%	Plastic surgery (reconstructive)	%
Drug/alcohol dependency	%	Podiatry	%
Ear/nose/throat	%	Psychiatric	%
Elective termination	%	Radiology/medical imaging	%
Gastroenterology	%	Rehabilitation	%
Gender reassignment	%	Stem cell implants	%
General practice/general medicine	%	Surgical	%
Gynaecological	%	Traditional medicine	%
In vitro fertilisation	%	Transplants	%
Obstetrics/maternity	%	Total (should equal 100)	%

- 20 Do you engage in any other professional healthcare services or business activities other than those which are described in question 19? Yes No
If Yes, please attach details of the type of work and the fee income from these other activities.
- 21 When does your financial year end?
- 22 What is your total turnover for: Last year: \$ Current year (est): \$ Coming year (est): \$
- 23 Current Assets: \$ Current Liabilities: \$
Non Current Assets: \$ Non current Liabilities: \$ Equity \$

RISK MANAGEMENT

- 24 Do you keep accurate records and ensure all medical professionals hold valid licenses to practise in their respective specialisations issued by the relevant official authority in the country where you practice? Yes No
- 25 Do you maintain accurate and descriptive records of all medical services rendered and equipment used in procedure? Yes No
- 26 Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry? Yes No
- 27 Do you have, and follow, documented risk management and quality control procedures? Yes No
- 28 Do you have a Business Continuity Plan (BCP)? Yes No
- 29 Do you have a Disaster Recovery Plan? Yes No
- 30 Are these risk management and quality control procedures regularly reviewed and updated to the appropriate standards applying to your industry? Yes No
- 31 Do you have standard procedures for the reporting of medical incidents? Yes No
- 32 Does payment to any new payee or new bank account, where the payment to be made is in excess of \$5,000, require two factor verification (ie email + phone call or txt etc) with the party you intend to pay and with the authoriser? Yes No
- 33 Are there segregation operations so that one person cannot control any function from start to finish without referral to another person (ie signing of cheques, authorising of payments, issuing fund transfer instructions)? Yes No
- 34 Do changes to existing payees bank account numbers require verification by another means of communication? Yes No

HUMAN RESOURCE

- 35 Are all employees covered by a written employment contract? Yes No
- 36 Do you screen potential employees by use of credit checks, police checks or by obtaining references from former employers? Yes No

INSURANCE HISTORY

- 37 Do you currently have medical malpractice insurance? Yes No
If Yes, please advise:
Period of insurance: Insurer:
Policy limit: \$ Excess \$ Retroactive date:
- 38 Have you ever had any application for medical malpractice insurance coverage rescinded or cancelled? Yes No
If Yes, please provide full details:

LEGAL EXPENSES

39 I confirm that the business:

- (a) has not had any dispute or legal proceedings to which this insurance would apply during the last five years; Yes No
- (b) owns or occupies fewer than 10 properties and/or leases to which this insurance would apply; Yes No
- (c) has fewer than five statutory licences to which this insurance would apply; Yes No

CYBER LIABILITY Only complete this section if you require Cyber Liability cover

- 40 Do you have a formal policy to segment sensitive data and do you abide by local data privacy regulations e.g. General Data Protection Regulation (GDPR) (EU), Privacy Amendment (Notifiable Data Breaches) Act 2017 (Australia), Privacy Act 2020 (New Zealand) or any equivalent?? Yes No
- 41 Are all security and critical patches deployed on your system/applications within the month they are released? Yes No
- 42 Do you use multi-factor authentication (ie not just username and password) on all systems used for payment, payment processing or systems which contain customer/third party information? Yes No
- 43 Where you use Microsoft Office 365 do you use multi-factor authentication (ie not just username and password)? Yes No NA
- 44 Are all passwords a minimum of eight characters long including letters, numbers and symbols? Yes No
- 45 Are all passwords changed within a minimum period of every six months and this is enforced and checked by the company? Yes No
- 46 Are default passwords on all internet connected devices changed from their factory settings (eg routers, printers, IOT)? Yes No
- 47 Do you automatically lock user accounts after a number of failed login attempts? Yes No
- 48 Is all important data backed up daily? Yes No
- 49 Are back-ups checked at least monthly for corruption or failure? Yes No
- 50 Are all internet access points to your network secured by firewall(s)? Yes No
- 51 Do you have an educational program for all employees that teach awareness and avoidance of phishing and social media based threats? Yes No
- 52 Do you immediately remove access rights of all terminated staff? Yes No
- 53 Have you sustained any single loss or losses of a type covered by a data protection, cyber or network security insurance policy for which this proposal form has been completed? Yes No
- If Yes to any of the questions in this section, please provide full details:

CLAIMS HISTORY

- 54 Have claims ever been made, or lawsuits been brought against you, your predecessors in business, or any current or former Principals, Partners, Directors, employees, or any other person or entity applying to be insured under this proposed contract of insurance? Yes No
- 55 Are any of the Principals, Partners, Directors, employees aware, after enquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance? Yes No
- 56 Have you, your predecessors in business, or any current or former Principals, Partners, Directors or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body, including Health and Disability Commissioner? Yes No

If Yes to any of the questions in this section please attach full details of each claim, lawsuit, allegation or matter including: the date of the claim, suit or allegation, the date you notified your previous insurers, the name of the claimant(s) and the establishment(s), the allegations made against you, the amount claimed by the claimant(s), whether the status is outstanding or finalised, and the amounts paid for claims and defence costs to date.

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:



Lloyd's is a member of the Insurance Council of NZ and we adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service for our customers.