

# 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](http://www.avant.org.au) or contact Member Services on 1800 128 268.

## Contact information

Title:	Given names:	Surname:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	
Residential address:	Telephone:	
	Fax:	
	Mobile:	
Primary practice address:	Practice telephone:	
Preferred mailing address: <input type="checkbox"/> Residential <input type="checkbox"/> Practice <input type="checkbox"/> Other (provide details below)		
Email address: Note: By providing my email address I consent to receiving emails from Avant in accordance with Avant's Privacy Policy	Alternate email:	
Disclosure documents: Do you agree to receive the Product Disclosure Statement, Financial Services Guide and renewal documentation in future years electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: You may alter these consents at any time.	Financial Reports: Avant's Financial Reports will only be made available to members at <a href="http://www.avant.org.au">www.avant.org.au</a> unless you elect to be sent a copy. I am happy to view Avant's Financial Report: at <a href="http://www.avant.org.au">www.avant.org.au</a> <input type="checkbox"/> via email <input type="checkbox"/> by post <input type="checkbox"/> Note: This is a standing election until you tell us otherwise.	

## Qualifications and registration information

1. Please list your medical qualifications:

Qualification:	University/institution:	Year awarded:	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
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 refused registration, suspended or deregistered?  Yes  No  
 If **YES** please provide details within the 'additional information' section or on a separate page.
6. In relation to your registration in any country are there or have there been any conditions, limitations or undertakings imposed?  Yes  No  
 If **YES** please provide details within the 'additional information' section or on a separate page.

### Claims, complaints, incidents or proceedings

7. Have you ever been subject to an investigation, complaint, inquiry (including Medicare inquiry), coronial inquest or proceeding 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 involved in any claims, demands, suits or other legal actions 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 to a claim, complaint or other action being brought against you (or a practice in which you work or worked) in respect of your conduct as a healthcare professional?  Yes  No
10. Have you ever been diagnosed with or treated for cognitive impairment or any other health conditions that may affect your performance as a healthcare professional?  Yes  No
11. Have you ever been charged with, convicted or found guilty of a criminal offence in any country?  Yes  No
12. Have you ever made a self notification or been the subject of a voluntary notification to AHPRA?  Yes  No
13. Have you ever been counselled, disciplined or had authorisations altered by an employer, a hospital, an area health authority, a medical college, a statutory body or a medical board?  Yes  No
14. Have you ever been involved in or are you aware of any matter or potential matter that would be covered by this policy including any potential defamation dispute, employer or employee dispute or audit by the Australian Tax Office?  
 If you answer **YES** to any of these questions, please provide details within the 'additional information' section or on a separate page.  Yes  No

### Policy details

15. **Policy start date:** If your application is approved, your cover will start from the **date we approve your application**, unless you request a later start date. Do you want the policy to start at a later date?  Yes  No  
 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 Conditions booklet (PSS booklet) and Premium Support Scheme Request Form if we send you an offer of insurance. Please refer to our PSS booklet for details of the eligibility criteria. You can access the booklet online at [www.avant.org.au](http://www.avant.org.au) or by requesting a copy from Member Services on 1800 128 268.

### Medical 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 category that covers your practice. Failure to do so will result in no cover for a procedure outside of your chosen category.**
19. Do you undertake any procedures or medical services that may be considered outside what is usual in your specialty or area of practice?  Yes  No  
 If **YES** please provide details within the 'additional information' section or on a separate page.
20. Have you participated, or are you participating in a clinical trial where you are working directly for, or on behalf of a Pharmaceutical company?  Yes  No

21. Please provide your estimated gross billings\* for private practice:

22. Please confirm what period you are providing an estimate for:  
 12 months  
 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?  Yes  No  
If **YES** please provide details within the 'additional information' section or on a separate page of the workplace where you will be treating public patients. You need to determine if you are entitled to cover for civil liability for public patients from a hospital, area health service, government scheme, or another person (this cover relates to civil liability for treating public patients only and does not impact other cover under the policy).  
If **YES** please also provide estimated gross billings\* for the same period:

**Past insurance and indemnity information**

24. Have you ever been indemnified by any Australian medical defence organisation or insurance company in the past?  Yes  No  
If **YES** please provide details:

Insurer / organisation:	Policy period:	Why is cover being sought elsewhere?	Retroactive date:

25. Have you ever had an application or renewal for professional indemnity refused, had a loading, deductible or special condition placed on your insurance or been offered or provided with a reduced level of cover, had your application declined, or had your policy cancelled?  Yes  No  
If **YES** please provide details within the 'additional information' section or on a separate page.

**Retroactive indemnity**

As required by section 22 of the *Medical Indemnity (Prudential Supervision and Product Standards) Act 2003* (Cth), we will, if your application is accepted, offer you retroactive cover when this insurance contract is entered into, comes into effect or is renewed.

The retroactive date is the date on or after which an incident must have occurred to constitute a valid claim under your policy. If you choose the wrong date it may mean you are not covered for acts, errors or omissions that occurred before the retroactive date. In order to select a retroactive cover date you should carefully review your past medical indemnity cover and the periods that you have provided healthcare. Please refer to the PDS for more information about retroactive cover.

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:

**Optional covers**

28. Do you wish to apply for personal expenses optional cover and interruption to earnings optional cover?  Yes  No  
This optional cover package is subject to an additional premium.

