

# Medical Malpractice (Professional Indemnity) Proposal

For members of the NZ Psychological Society arranged by Rothbury Capital City.

This policy is subject to the policyholder being a Registered Psychologist and a current financial member of the Society and solely covers the policyholder. It is important that all questions are answered fully. Where there is insufficient space, please attach additional information to this proposal.

All material facts must be disclosed – whether subject to a specific question contained herein or not. You have a continuing duty to disclose all material facts to your insurer throughout the duration of any period of insurance. Failure to disclose a material fact may prejudice your rights under the policy in the event of a claim and/or render the policy void.

A material fact is any fact, matter or other information which may alter or influence an insurer's assessment or acceptance of this application. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer.

Are you a member of the NZ Psychological Society?

Yes  No

Registration Number

Inception date of Continuous Membership

Have you been audited in regards to Continuing Competency Programme?

Yes  No

If yes, please confirm results of the Audit

Are you a specialist report writer accredited by the Family Court?

Yes  No

If yes, please specify % of estimated turnover related to specialist report writing

Please supply your accreditation:

Full name of Applicant / Practice Name (if different)

Address

Phone

Fax

Email

**Medical Malpractice Cover** (this package automatically includes \$2,000,000 Public Liability Cover)

Limit of Liability Required:

<input type="checkbox"/>	\$500,000 any one claim; \$1,000,000 max. per year
<input type="checkbox"/>	\$1,000,000 any one claim; \$2,000,000 max. per year
<input type="checkbox"/>	\$2,000,000 any one claim; \$4,000,000 max. per year

This insurance package is designed to provide cover for the following activities: The provision of psychological services including clinical psychology, educational psychology, community psychology, counselling psychology, kaupapa Māori psychology, health psychology, social psychology, sports psychology, neuropsychology, criminal justice and forensic psychology, developmental and child psychology, coaching, training, supervision, research, and specialist report writing for the family court. It also includes student members under guidance of an insured member (needs to be notified separately).

If wish to extend your policy to cover activities in addition to the above please give details below (additional premium may apply):

**Turnover Details (Please insert \$ amount)**

Country	Current Financial Year (\$)	Next Financial Year (estimate) (\$)
New Zealand		
Australia		
Asia & Pacific Islands		
UK & Europe		
USA & Canada		
Other (please specify)		
<b>Total</b>		

If you are conducting any work outside of NZ, please provide full description of activities and work conducted.

**Professional Qualifications of Applicant and any Staff Members (please note additional premium may apply for additional staff members)**

Name	Professional Qualifications	Year Qualified	No. of years as Member

Additional Covers – additional premiums apply (please tick if required)

<input type="checkbox"/>	Statutory Liability	\$500,000 Limit of Liability
<input type="checkbox"/>	Employers Liability	\$500,000 Limit of Liability

**Claims History**

Have you or any other person who is to be covered under this insurance ever had any insurance **declined or cancelled, refused, special conditions imposed, excess imposed or claim rejected?**  Yes  No

If yes, please provide details -  


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Have you or any other person who is to be covered under this insurance ever been the subject of disciplinary proceedings for **professional misconduct, including Health and Disability Commission investigations?**  Yes  No

If yes, please provide details -  


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