



# Malpractice & Public Liability

## Proposal

For members of the NZ Psychological Society arranged by Rothbury - Wilkinson Insurance Brokers

Southern Pacific Underwriting Agency Ltd, Level 9, 81 Molesworth Street, Thorndon, Wellington 6011  
 P. O. Box 11641, Manners Street, Wellington 6142

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

### Applicant details

Name of member:	Practice name (if different):
Postal address:	
Phone no:	Email:
Inception date of continuous membership of the Society (retroactive date):	

### Medical Malpractice cover (this package automatically includes \$2,000,000 Public Liability cover)

Limit of Liability: <input type="checkbox"/> \$250,000 any one claim; \$500,000 maximum per year	<input type="checkbox"/> \$500,000 any one claim; \$1,000,000 maximum per year <input type="checkbox"/> \$1,000,000 any one claim; \$2,000,000 maximum per year <input type="checkbox"/> \$2,000,000 any one claim; \$4,000,000 maximum per year
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If you wish to add additional cover to your base insurance package please refer to the optional package attachment.

This insurance package is designed to provide cover for the following activities: The provision of psychological services including clinical psychology, industrial/organisational 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. If you wish to extend your policy to cover activities in addition to the above please give details below (additional premium may apply):

Annual turnover related to this activity (Current Year): \$

Estimated Annual turnover related to this activity (Next Year): \$

### Statutory Liability and Employers Liability cover (additional premiums apply)

Statutory Liability: \$500,000 Limit of Liability

Employers Liability: \$500,000 Limit of Liability

Please provide the following details in respect of all current staff

Name	Professional qualifications	Year qualified	Number of years as a member

### Claims history

Have you or any other person who is to be covered under this insurance ever had any insurance declined or cancelled, renewal refused, special conditions imposed; excess imposed or claim rejected? If **Yes** please provide details below. Yes  No

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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 & Disability Commission investigations? If **Yes** please provide details below. Yes  No

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Are you or any other person who is to be covered under this insurance, after enquiry, aware of any claims or circumstances which might result in claims against you or any other person who is to be covered under this insurance? If **Yes** please provide details below. Yes  No

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**Declaration:**

On behalf of all proposed Insureds I/We declare and agree that:

- (a) all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- (b) if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- (c) I/We understand that SPUA requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- (d) SPUA is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- (e) SPUA is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access on behalf of Lloyd's Underwriters;
- (f) SPUA is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk ;
- (g) the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by SPUA.

Insured(s) signature: _____	Date:        /        / _____
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