

Chubb Elite Medical Malpractice Insurance

Proposal Form - For Medical Establishments



Instructions to the Applicant

- A. Before completing this section, please read the important notices starting on page 11.
- B. Please contact Chubb Insurance New Zealand Limited (Chubb) if you would like a hard copy of the relevant insurance policy or a summary of cover provided by Chubb.
- C. You must answer all the questions in this form. If a question is not applicable, state "N/A".
- D. If you are a new practice, use the projected figures from your business plan.
- E. If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned. Include all requested underwriting information and attachments.

Important Information

In this section "We", "Our" and "Us" means Chubb Insurance New Zealand Limited (Chubb). "You" and "Your" refers to Our customers and prospective customers as well as those who use Our website.

Duty of Disclosure

Your Duty of Disclosure

Before entering into a contract of insurance with Chubb, each prospective insured has a duty to disclose to Chubb information that is material to Chubb's decision whether to accept the insurance and, if so, on what terms. This includes material information about the insured, any other people and all property and risks insured under the policy. Information may be material whether or not a specific question is asked.

There is the same duty to disclose material information to Chubb before renewal, extension, variation or reinstatement of a contract of insurance with Chubb. You should also provide all material information when You make a claim or if circumstances change during the term of the contract of insurance.

It is important that each prospective insured understands all information provided in support of the application for insurance and that it is correct, as each prospective insured will be bound by the answers and by the information they have provided.

The duty of disclosure continues after the application for insurance has been completed up until the time the contract of insurance is entered into.

Consequences of Non-Disclosure

If an insured fails to comply with their duty of disclosure, Chubb may be entitled, without prejudice to its other rights, to reduce its liability under the contract in respect of a claim or refuse to pay the entire claim. Chubb may also have the right to avoid the contract from its beginning. This means the contract will be treated as if it never existed and no claims will be payable.

Financial Strength Rating

At the time of print, Chubb has an “AA-” insurer financial strength rating given by S&P Global Ratings. The rating scale is:

AAA	Extremely Strong	BBB	Good	CCC	Very Weak	SD or D - selective default or default
AA	Very Strong	BB	Marginal	CC	Extremely Weak	R - Regulatory Action
A	Strong	B	Weak			NR - Not Rated

The rating from ‘AA’ to ‘CCC’ may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories. A full description of the rating scale is available on the S&P Global Ratings [website](#).

Our rating is reviewed annually and may change from time to time, so please refer to Our website for Our latest financial strength rating.

Fair Insurance Code

We are a member of the Insurance Council of New Zealand (ICNZ) and a signatory to ICNZ’s Fair Insurance Code (**the Code**). The Code and information about the Code is available at www.icnz.org.nz and on request.



Privacy Statement

This statement is a summary of Our privacy policy and provides an overview of how We collect, disclose and handle Your personal information. Our privacy policy may change from time to time and where this occurs, the updated privacy policy will be posted on Our [website](#).

Chubb is committed to protecting Your privacy. Chubb collects, uses and retains Your personal information in accordance with the requirements of New Zealand’s Privacy Act, as amended or replaced from time to time.

Personal Information Handling Practices

When do We collect Your personal information?

Chubb collects Your personal information (which may include health information) from You when You interact with Us, including when You are applying for, changing or renewing an insurance policy with Us or when We are processing a claim, complaint or dispute. Chubb may also (and You authorise Chubb to) collect Your personal information from other parties such as brokers or service providers, as detailed in Our privacy policy.

Purpose of Collection

We collect and hold the information to offer products and services to You, including to assess applications for insurance, to provide and administer insurance products and services, and to handle any claim, complaint or dispute that may be made under a policy.

If You do not provide Us with this information, We may not be able to provide You or Your organisation with insurance or to respond to any claim, complaint or dispute, or offer other products and services to You or Your organisation.

Sometimes, We may also use Your personal information for Our marketing campaigns and research, to improve Our services or in relation to new products, services or information that may be of interest to You.

Recipients of the Information and Disclosure

We may disclose the information We collect to third parties, including:

- contractors and contracted service providers engaged by Us to deliver Our services or carry out certain business activities on Our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, professional advisers including lawyers, doctors and other medical service providers, credit reference bureaus and call centres);
- intermediaries and service providers engaged by You (such as current or previous brokers, travel agencies and airlines);
- other companies in the Chubb group;
- the policyholder (where the insured person is not the policyholder);
- insurance and reinsurance intermediaries, other insurers, Our reinsurers, marketing agencies; and
- government agencies or organisations (where We are required to by law or otherwise).

These third parties may be located outside New Zealand. In such circumstances We also take steps to ensure Your personal information remains adequately protected.

From time to time, We may use Your personal information to send You offers or information regarding Our products that may be of interest to You. If You do not wish to receive such information, please contact Our Privacy Officer using the contact details provided below.

Rights of Access to, and Correction of, Information

If You would like to access a copy of Your personal information, or to correct or update Your personal information, want to withdraw Your consent to receiving offers of products or services from Us or persons We have an association with, please contact the Privacy Officer by posting correspondence to Chubb Insurance New Zealand Limited, PO Box 734, Auckland; telephoning: +64 (9) 3771459; or emailing Privacy.NZ@chubb.com.

How to Make a Complaint

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our [Privacy Policy](#) for more details, or contact Our Privacy Officer at the details above.

You also have a right to address Your complaint directly to the Privacy Commissioner by telephoning 0800 803 909, emailing enquiries@privacy.org.nz or using the online form available on the Privacy Commissioner’s website at www.privacy.org.nz.

Application for Insurance Cover

Period of Insurance	From <u>DD / MM / YYYY</u>	To <u>DD / MM / YYYY</u>
Limit of Insurance Required	Option 1 NZD _____	Option 2 NZD _____
Excess / Deductible Requested	Option 1 NZD _____	Option 2 NZD _____
Type of Insurance Requested	<input type="checkbox"/> Insurance	<input type="checkbox"/> Reinsurance
Are you requesting cover for Fraud & Dishonesty?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you requesting cover for Principals’ Previous Business?		<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Details of Applicant

1.1. Names and Company Registration Numbers of all practice entities applying to be covered under this insurance (Referred to as “you” or “your” in the rest of this form).

1.2. 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.

1.3. Please list your principal address.

Postal Code _____

1.4. Please list the address(es) of your branch offices or other locations (if applicable).

1.5. Please list your website address.

1.6. When was your practice entity established?

DD / MM / YYYY

1.7. Please indicate:

Type of Facility

- Private Hospital
 Public Hospital
 Hospital - Other
 Clinic
 Group Practice
 Nursing Home
 Retirement Village
 Rehabilitation Centre
 Hospice
 Laboratory
 Pharmacy

Nature of Practice Entity

- Joint Venture
 For profit
 Not for Profit
 Limited Liability Company
 Limited Partnership

1.8. Please indicate the number of personnel applicable below.

Classification	P/T	F/T	Classification	P/T	F/T
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 staff (please specify)		
Dentists			Total		

1.9. Please list the qualifications of your Principals, Partners, Directors or other key professional personnel.

Name	Qualifications	Year Qualified	Years as Principal, Partner or Director	
			This Practice	Previous Practice

1.10. If there is only a sole Principal, what arrangements do you have in place to ensure business continuity when that Principal is travelling, on leave, ill or away from the office?

2. Details of Healthcare Services

2.1 Which professional societies & associations are you, your Principals, Partners or Directors members of?

2.2 Is your practice entity duly licensed to practice at the address(es) specified in Questions 1.3 and 1.4? Yes No

2.3 Do you ensure that all doctors providing medical services for or using the facilities of your practice entity are members of a Medical Defense Union or Medical Protection Society or otherwise carry their own medical malpractice insurance covers? Yes No

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

2.4 Are you ISO 9001 certified? Yes No

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

2.5 What is the total number of beds? _____

2.6 What is the average annual occupancy rate? _____

2.7 What is the total number of bassinets? _____

2.8 What is the average annual occupancy rate? _____

2.9 What is the total number of patients annually? (i) Outpatients: _____ (ii) Inpatients: _____

2.10 Do you have an:

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

(ii) Accident & emergency (A&E) department? Yes No

(iii) Outpatients department? Yes No

(iv) Medical teaching facility? Yes No

(v) Pathology facility? Yes No

(vi) Blood banking facility? Yes No

Helipad Liability

2.11 Do you own or operate a heliport or helipad? Yes No

If **No**, please disregard the remaining questions in this section.

a) Number of annual landings _____

b) Where are the heliports / helipads located?

Lawn Roof Carpark Other (Please specify _____)

c) Is the helicopter landing pad approved by the governing aviation authority? Yes No

d) Is the medical team comprised of certified and experienced retrieval medicine physicians and registered nurses with critical care and emergency nursing experience? Yes No

2.12 What percentage of your activities are represented by each of the following types of professional healthcare services:

Type of Services	%	Type of Services	%
Audiology		Oncology	
Aged Care / Assisted Living		Ophthalmology (including LASIK & laser)	
Cardiology		Paediatrics	
Communicable Disease / Tubercular		Pathology	
Dentistry		Physiotherapy	
Dermatology		Plastic surgery (elective cosmetic)	
Drug / alcohol dependency		Plastic surgery (reconstructive)	
Ear / Nose / Throat		Podiatry	
Elective Termination		Psychiatric	
Gastroenterology		Radiography / medical imaging	
General Practice / General Medicine		Rehabilitation	
Gynaecological		Surgical	
Invitro Fertilisation (IVF)		Traditional medicine	
Obstetrics / maternity		Other (please specify)	
		Total	100 %

2.13 Do you engage in any other professional healthcare services or business activities other than what is described in this section? If **Yes**, please attach details of the type of work and the fee income from these other activities. Yes No

2.14 Are you or any of your Principals, Partners or Directors connected or associated with any other practice or business? Yes No

If **Yes**, please attach details.

3. Details of Business

3.1 When does your Financial Year end?

DD / MM

3.2 What is your total turnover or fee income for the:

	Year	New Zealand	Total
Coming year (est.)		NZD	NZD
Current year (est.)		NZD	NZD
Past year		NZD	NZD

3.3 Please indicate your patient demographic.

NZ (%)	Australia (%)	Asia (%)	Europe (%)	USA / Canada (%)	Others (%)	Total
						100 %

3.4 Please list the foreign countries you provide services in and the number of staff located in each.

Country	Number of Staff	Country	Number of Staff

4. Risk Management

- 4.1. Do you keep accurate records and ensure all medical professionals hold valid licenses to practice in their respective specialisations issued by the relevant official authority in the country where you practice? Yes No
- 4.2. Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedure? Yes No
- 4.3. Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry? Yes No
- 4.4. Do you have and follow documented risk management and quality control procedures? Yes No
- 4.5. Are these risk management and quality control procedures regularly reviewed and updated to the appropriate standards applying to your industry? Yes No
- 4.6. Do you have standard procedures for the reporting of medical incidents? Yes No

5. Insurance History

- 5.1. Do you currently have medical malpractice? Yes No

If Yes, please provide details.

Period of Insurance	Insurer	Policy Limit (NZD)	Excess (NZD)	Retroactive Date

- 5.2. Have you ever had any application for medical malpractice insurance refused, or had any medical malpractice insurance coverage rescinded or cancelled? Yes No

If **Yes**, please provide brief details below or on a separate sheet, noting the Section number.

6. Cyber and Privacy Infringement Liability

(Only complete this section if you request cover for Cyber and Privacy Infringement Liability Extension)

- 6.1 Do you have a formal policy to segment sensitive data? Yes No
- 6.2 Do you encrypt sensitive information including medical records and personal data anywhere that it is stored, transmitted and/or on mobile devices? Yes No
- 6.3 Do you currently carry or are you in the process of applying for D&O or Cyber/Privacy Coverage? Yes No
- 6.4 Do you have a person dedicated for Information Security? Yes No
- 6.5 Do you have a Written Information Security Program (WISP)? Yes No
- 6.6 Have you taken all necessary steps to ensure compliance with the Privacy Act 2020? Yes No
- 6.7 Have you undergone an Information Security Audit? Yes No

If **Yes**, when was the date?

DD / MM / YYYY

If **Yes**, was the result satisfactory? Please describe:

7. Claims Experience

- 7.1. Have any 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
- 7.2. Are any of the Principals, Partners, Directors or employees aware, after inquiry, 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
- 7.3. 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? Yes No

If you had answered **Yes** to any of the questions in this section, please provide full details and the status 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
- the amounts paid for claims and defence costs to date

8. Additional Information to Send with Your Application

Attach a copy of the following:	Included?	
Corporate profile, brochures, pamphlets, or other marketing material describing your operations and services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standard contracts or service agreements with clients or patients	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resumes or CVs of all your Principals, Partners or Directors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For new businesses only , your business plan with projections of business	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

On behalf of the applicant, I/we declare that:

- a) I/we have read and understood Chubb's Financial Strength Rating, Duty of Disclosure and Privacy Statement in this form;
- b) all information provided (and where applicable, previously provided) is true and correct and I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances;
- c) I/we undertake to inform the insurer promptly in writing of any material alteration to the facts declared that occurs prior to completion of the contract of insurance; and
- d) I/we have obtained, and will obtain in the future, the consent to the disclosure and use of personal information from those persons whose personal information is supplied in relation to this form for the purposes of (i) underwriting the risks and (ii) administering and performing any resulting insurance contract.

This form must be signed by the applicant's Chairman of the Board, Managing Director, Chief Executive Officer or Chief Financial Officer.

Signature

Name

Position

Date

About Chubb in New Zealand

Chubb is the world's largest publicly traded property and casualty insurance company. With operations in 54 countries and territories, Chubb provides corporate and commercial property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs approximately 33,000 people worldwide.

Chubb's operation in New Zealand (Chubb Insurance New Zealand Limited) offers corporate and commercial property & casualty, group personal accident and corporate travel insurance products. Chubb in NZ also serves individuals with a substantial home and contents portfolio to protect, and individuals purchasing travel and personal accident insurance. It leverages global expertise and local acumen to tailor solutions to mitigate risks for clients ranging from large multinational companies to local corporates and SMEs, with all product offerings transacted through brokers.

More information can be found at www.chubb.com/nz.

Contact Us

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Financial Services Provider No. 35924

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