



Health Professionals Coverage Summary

Approved Modalities

You must be suitably qualified to the generally accepted minimum standards of the modalities You provide.

The following are all approved modalities.

- ✓ Acupoint therap
- ✓ Acupressure
- ✓ Acupuncture
- ✓ Alexander technique
- ✓ Allerg testers
- ✓ Animal therap
- ✓ Aromatherap
- ✓ Astrolog
- ✓ Attractor Field Therap
- ✓ Aura-kinetic training
- ✓ Auro soma
- ✓ A urveda
- ✓ Biofrequenc
- ✓ Biomagnetic
- ✓ Biomesotherap
- ✓ Bio-Resonance Matching
- ✓ Bod harmon
- ✓ Bod talk s stems
- ✓ Bod Transformation
- ✓ Bowen Technique
- ✓ Brain G m
- ✓ Brandon Ra nor
- ✓ Breathwork
- ✓ Bute ko breathing method
- ✓ Cellulite Treatment
- ✓ Chinese medicine
- ✓ Chi nei tsan
- ✓ Chi Gong
- ✓ Coaching
- ✓ Colour therap
- ✓ Colon Hydrotherap
- ✓ Colonic Irrigation
- ✓ Counsellors
- ✓ Craniosacral therap
- ✓ Cr stal therap
- ✓ Cupping
- ✓ Dance therap
- ✓ Dietitians
- ✓ Dorn therap
- ✓ Dr Needling
- ✓ Ear candling
- ✓ Electro acupuncture
- ✓ Embodiment of Yoga
- ✓ Emmett Technique
- ✓ Emotional freedom techniques
- ✓ Endermologie
- ✓ Exercise ph siolog
- ✓ Face Painting
- ✓ Facial harmon
- ✓ Feldenkrais
- ✓ Feng shui
- ✓ Flower remedies
- ✓ Focusing
- ✓ Frequenc Speci c Microcurrent (Bod eld Anal sis)
- ✓ Healing energ
- ✓ Healing touch
- ✓ Hellerwork
- ✓ Herbalists
- ✓ Herbal medicine
- ✓ Homeopath
- ✓ Horstmann technique
- ✓ H pnbirthing (excluding deliver advice)
- ✓ H perton-X
- ✓ H pnotherap
- ✓ IFAS (Skin & Nerve Stimulation)
- ✓ Indian Head Massage
- ✓ Iridolog
- ✓ Iris diagnosis
- ✓ Kinesiolog
- ✓ Lactation consultants
- ✓ Life coaching
- ✓ Live Blood Anal sis
- ✓ L mphatic s stem
- ✓ Magnetic eld therap
- ✓ Massage
- ✓ Massage - Bab
- ✓ Massage - Chinese
- ✓ Massage - Connective Tissue
- ✓ Massage - Corporate
- ✓ Massage - Deep Tissue
- ✓ Massage - Mobile
- ✓ Massage - Pregnanc
- ✓ Massage - Remedial
- ✓ Massage - Swedish
- ✓ Massage - Thai
- ✓ Meditation
- ✓ Metabolic Free Radical Testing Theratest
- ✓ Mora therap
- ✓ Moxibustion
- ✓ Music therap
- ✓ Muscle Tension Treatment
- ✓ M ofascial release therap
- ✓ M opractic
- ✓ M otherap
- ✓ Natural fertilit management
- ✓ Naturopathic medicine
- ✓ Naturopath
- ✓ Neural Organ ation Therap
- ✓ Neuro linguistic programming
- ✓ Numerolog
- ✓ Nutritionists
- ✓ Oriental Health Sciences
- ✓ Orthobionom
- ✓ Personal Trainers
- ✓ Phenolics
- ✓ Ph totherap
- ✓ Pilates
- ✓ Polarit therap
- ✓ Pranic healing
- ✓ Professional Counsellors
- ✓ PSH therap
- ✓ Ps chotherapists
- ✓ Push therap
- ✓ Q2 therap
- ✓ Qi Gong
- ✓ Raindrop technique
- ✓ Recreation therap
- ✓ Re exolog
- ✓ Rehabilitation Consultants
- ✓ Reiki treatment
- ✓ Rekindled Ancient Wisdom
- ✓ Remedial therap
- ✓ Reverse Therap
- ✓ Rol ng Structural Integration
- ✓ SCENAR
- ✓ Shiatsu
- ✓ Somatic integration therap
- ✓ Speech therap
- ✓ Spiritual healing
- ✓ Sports Kinesiolog
- ✓ Tarot Reading
- ✓ Tai chi
- ✓ Time line therap
- ✓ Tissue Salt Therap
- ✓ Traditional Chinese medicine
- ✓ Transactional anal sis
- ✓ Transpersonal & Emotional Release Counsellors
- ✓ Trigger point therap
- ✓ Touch for Health
- ✓ Urine Anal sis (for undigested proteins and sugar)
- ✓ Vocational counselling
- ✓ Yoga

PLEASE NOTE:

Our polic will not cover osteopath , cervical spine, sterilisation procedures, chiropractors, future predictions, channelling, ph siotherap , general medicine practice, nursing and midwifer .

Health Professionals Proposal Form

**Incorporated Company/Partnership (if any) owned by you for your practice
(do not repeat your name, do not name an employer)**

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**1. DETAILS OF PRACTITIONERS TO BE INSURED
(IF MORE THAN ONE PRACTITIONER PLEASE PROVIDE DETAILS ON SEPARATE SHEET):**

1st Practitioner:

First Name: Initial.....

Famil Name:

Quali cations Years in practice Memberships

.....
.....
.....

Postal Address:

Line 1

Line 2

Suburb State Post Code

Phone Fax

Mobile Number Email

2. PLEASE STATE MODALITIES FOR WHICH YOU REQUIRE COVER (PLEASE REFER TO OUR APPROVED MODALITIES LIST):

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3. ARE ALL STAFF QUALIFIED TO THE MODALITIES LISTED ABOVE YES NO

4. ARE YOU CURRENTLY INSURED? YES NO **WHAT IS THE POLICY EXPIRY DATE?** / /

WHO IS YOUR INSURER?

5. WOULD YOU LIKE TO BE CONTACTED FOR ASSISTANCE WITH:

Of ce insurance

Life and income protection insurance

Domestic (house/car/boat etc)

6. PLEASE COMPLETE THE RELEVANT BOXES INDICATING THE NUMBER OF PRACTITIONERS IN EACH CATEGORY AND LIMIT OF INDEMNITY REQUIRED. NOTE: IF THERE IS MORE THAN ONE PRACTITIONER, PLEASE PROVIDE A SEPARATE LIST OF ALL PRACTITIONERS NAMES ALONG WITH QUALIFICATIONS AND MEMBERSHIPS.

Category of each practitioner (refer to rating guide for premiums)		Number of Practitioners	Limit of indemnity required for Malpractice	
Category 1	Income above \$10,000 per annum	<input style="width: 80%; height: 20px;" type="text"/>	<input type="checkbox"/>	\$500,000
			<input type="checkbox"/>	\$1,000,000
			<input type="checkbox"/>	\$2,000,000
			<input type="checkbox"/>	\$5,000,000
			<input type="checkbox"/>	\$10,000,000
Category 2	Income below \$10,000 per annum	<input style="width: 80%; height: 20px;" type="text"/>		

7. CLAIMS/CIRCUMSTANCES:

- (a) Have any claims or complaints ever been made against you? Yes No
- (b) Are you aware of any circumstances which may result in a claim against you? Yes No
- (c) Has any insurer ever declined, cancelled or imposed special conditions in relation to an insurance? Yes No
- (d) Are you currently engaged in (or about to enter into) civil proceedings of a professional nature? Yes No
- (e) Have you ever been subject to disciplinary proceedings for professional misconduct by a professional association or an statutory registration board or been called upon to respond to a complaint? Yes No

(If you have answered Yes to 10. (a), (b), (c), (d) or (e) please provide details separately on our letterhead).

Payment options: Cheque Credit Card Payment Amount \$.....

Credit Card Debit Authority: To: Insurance House Pty Ltd. 1% merchant's fee will apply.

Please debit me: Visa Mastercard

Credit Card Number:

Expiry Date:

Cardholder's Name:

(Please print cardholder's name in full)

Cardholder's Signature: Date:.....

DECLARATION AND AGREEMENT:

- I/We acknowledge that I/We have read the Notices to the proposed Insured included with this form, and I/We understand those notices. I/We acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
- I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor misstated any facts.
- I/We declare that I/We hold relevant qualification in which I/We practice.

Signature of principal Date Signed: DD.....MM.....Year.....

Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated, and our payment attached. Acceptance is also subject to underwriting guidelines.

Notice to the proposed insured:

It is a requirement of the Insurance Contracts Act 1984 and the Corporations Act 2001 that the following notices 1., 2., 3., 4., 5. and 6. be brought to your attention before you apply for insurance.

1. Disclosure of relevant facts.

Your duty of disclosure.

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act, 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure:

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Comment:

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (e.g. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims made and notified policy:

This proposal is for a 'claims made and notified' policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under an previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances which you first became aware of prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on an previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of the cover.

Upon expiry of the policy no further claims can be made thereunder and the need to maintain insurance or arrangement of Run-Off cover is essential. You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Broker Acting as Agent of Insurer:

In effecting this contract of insurance the broker will be acting under an authority given to it by the insurer and the broker will be effecting the contract as agent of the insurer and not the insured.

4. Claims notification:

If you become aware of a claim or of circumstances that could give rise to a claim in the future, you should notify us in writing immediately, so that we can notify your insurer on your behalf. If you become aware of a claim or circumstances and you do not notify them during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or an future related claim.

5. Average provision:

This policy provides that if a payment in excess of the limit of indemnity available under this policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under the policy bears to the amount paid to dispose of the claim. An surplus will be deducted from claim payments.

6. Subrogation agreements:

Where another person would be liable to compensate you for an loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover monies from that person, the insurer will not cover you under the policy for an such loss or damage.

Privacy & Insurance House:

On the 21st December 2001, a new legislative regime took effect to regulate the way businesses and government bodies handle your personal information. We would like to tell you about Insurance House's approach to information privacy. It is important that you know that the personal information you are supplying will only be used by entrusted identities who will treat your personal information with the appropriate degree of privacy.

Personal Information

Personal information is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information.

How your personal information is used and disclosed.

We respect your privacy and are committed to protecting your personal information, so we only collect the information that we require to provide and market our services to you. Insurance House needs to collect personal information directly from yourself to be able to establish and determine the correct insurance cover for your needs. Insurance House also needs to identify you/ your company from other individuals assuming your identity who are attempting to gain unauthorised access to your personal information and accounts.

Before Insurance House collects any personal information about yourself or your company we must always identify ourselves by name and state the company we are employed by, being Insurance House. Insurance House must also advise yourself of the purpose of the collection of your personal information. You can choose at any time not to disclose your information to us, but please bear in mind this may hinder the service we are trying to provide to you. You will only ever be asked for information that is relevant.

If Insurance House needs to collect information about yourself, or your company, from a third party we will always approach you for the authority to do so. We will ask you to sign a consent form allowing us to access this information.

Insurance House will not use or disclose personal information that is unrelated to our services, nor will we sell your information to a third party.

Sometimes we are required, or authorised, by law to disclose your personal information. We may disclose your personal information to a Court in response to a subpoena, or to the Australian Taxation Office following a direction issued under taxation laws.

Please note that this information may be shared among the companies within the Insurance Industry and you agree to us doing so unless you tell us otherwise. If you would prefer that we do not use your information in this way, please contact us on 03 5483 1066 or email ih@insurancehouse.com.au to let us know.

Data Quality

Insurance House must take reasonable steps to make sure that the personal information it collects, uses or discloses is accurate, complete and up-to-date.

Data Security

Insurance House regards as the highest priority the security of your personal information. With this in mind we have procedures in place to guard your information. Insurance House computer systems are protected by firewall software, which will deny access to unauthorised people trying to access our servers from an outside connection. All computer workstations are password protected.

Access to personal information

You have the right to access personal information which Insurance House collects and holds about you relating to your business transactions with this company. If you would like to access any personal information we hold about you, or you would like more information on our approach to privacy, please ask us.

Insurance House may refuse you access to your personal information in a number of circumstances, for which we will always explain the reason why you have been refused access. Some of these reasons include:

The information may relate to an existing or anticipated legal proceedings with you where Denial of access is required or authorised by law. When the request for access is regarded as frivolous or vexatious

Identifiers

Insurance House does not use Commonwealth identifiers as a means by which to prove your identity. These Commonwealth identifiers include identification numbers such as your Tax File Number or Medicare Number.

Sensitive Information

Insurance House must not collect sensitive information about yourself unless you have consented, or we are required by law.

Sensitive information includes the following:

Ethnic or racial origin, Political opinions, Membership of a political association, Religious beliefs or affiliations, Philosophical beliefs, Membership of a professional or trade association, Membership of a trade union, Sexual preferences or practices, Criminal record, Health.

To enable Insurance House to give you the best possible service we may require sensitive information from yourself. You will always be told of the reason why this information is collected and you have the right to refuse, although this may affect the service we are trying to provide to you.

Updates to this Policy

Insurance House constantly reviews its policies and procedures to stay up to date with changes in the law, technology and market practice. As a result of these changes we may change this policy to reflect the relevant changes without further notice.

Request for Access

If you wish to lodge a request to gain access to your personal information, you can contact us at any of the addresses or numbers listed on the front of this document.