



# Alternative/Complementary Medicines and Therapies and Beauty Therapies Insurance

School or college proposal form

Underwritten by:

**Berkley**  
INSURANCE AUSTRALIA  
a W. R. Berkley Company



**Gallagher**

Insurance | Risk Management | Consulting

**IMPORTANT:** Any decision to offer insurance cover is based on the information you provide us in this proposal form.

**PERIOD OF COVER:** We will commence your insurance policy upon receipt of this completed proposal form and subject to no outstanding issues. We will contact you if we require anything further.

Details of the Insured					
Full Name:					
If you are the CEO of Principal of the School/College this policy can be extended to insure you as a practitioner, if your annual fee from practicing is less than \$25,000. Do you require this cover?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Name of School or College:					
Number of Employees:					
Turnover:					
ABN/reg No:		Contact Name			
College Address:				P/Code:	
Mailing Address:				P/Code:	
Phone:		Mobile:		Fax:	
Email Address:					
Website:					

## Premises, Building and contents

Premises, Building and contents	
Do you own the premises where the college is situated? If yes and it is used for purposes other than yours, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes do you rent room to other practitioners, do they have their own insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the total replacement value of your contents (including items over \$1,000 noted below)?	\$

Please detail separately all items whose replacement value exceeds \$1,000	
Item description	Replacement value (\$)

(If a number of items are the same or similar then they will constitute one item for purposes of the policy. This means if the value of all the same or similar items when aggregated is over \$1,000 then a description of them needs to be provided)

### Courses Taught

Please include any brochures or course curriculum details

Modality(s)	Qualifications at completion	Courses taught	Association who accredits
If any beauty therapy courses are taught, please advise the percentage of income from beauty:			%
Do any courses require the student to become a statutory regulated practitioner?			Yes <input type="checkbox"/> No <input type="checkbox"/>
How many students to you currently have enrolled and undertaking studying?			

### Products

Are you qualified to sell/dispense/produce all the products which you provide? If No please list any products you are not qualified to provide below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the estimated annual turnover from products you sell, dispense or produce?	\$
Are you selling/exporting product to the USA/Canada, even via the internet? <i>(Your policy will not cover you for bodily injury or property damage occurring in the United States of America, Canada or their dominions or protectorates)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Optional Extension for contents and stock

Do you wish to take out option cover for any of your business contents and/or stock?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what is the total replacement value of your contents and/or stock?	\$
<b>Please describe items and detail separately all items with replacement value exceeds \$1,000</b>	
Item description	Replacement value (\$)
<p><b>This section will incur an additional premium of approximately \$25 per \$1,000 sum insured.</b>                  (If a number of items are the same or similar then they will constitute one item for purposes of the policy. This means if the value of all the same or similar items when aggregated is over \$1,000 then a description of them needs to be provided)</p>	

### Optional Extension for legal Expenses section

Do you wish to take out optional extension for the Legal Expenses Section?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes the additional premium is \$40 (plus government charges, GST and Stamp Duty)	
The policy automatically pays legal expenses for claims covered by the policy. This optional section provides additional benefits (this section provides \$25,000 in total in respect of legal costs and expenses arising from specific events, namely disputes about - Employment Contracts, Employers Prosecution Defence, Contracts, the Trade Practices Act your Right to Practice and Attendance for jury service). Please refer to our Guidance Note and the Policy Wording for full details of this section.	

### Insurance Previous and Future

Are you currently insured for you business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Who is your current insurer?			
What is the expiry date of your current policy?			
What limit of indemnity do you require?	<input type="checkbox"/> \$5 Million	<input type="checkbox"/> \$10 Million	<input type="checkbox"/> \$20 Million

***To speed up the process we are able to email your documentation to you. Please confirm if you wish to receive documents by email.***

<input type="checkbox"/>	I agree to receive my documentation and further correspondence by email.
	Current email address: <input type="text"/>
<input type="checkbox"/>	Please do not send my documents or any correspondence by email.

## Claims questions

Claims Questions	
After full enquiry, are you aware of any:	
a). Claim having been made against you, any of the practitioners employed by you or any of your business partners?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b). Circumstances which could give rise to a claim against you, your employees or business partners in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c). Have you ever made a claim for property loss or damage in respect of which cover is being sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d). Have you ever had any insurance declined, cancelled, renewal refused, special conditions imposed, special excess imposed or a claim rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e). Have you been declared bankrupt or put into receivership of voluntary liquidation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f). Have you been charged or convicted of any criminal offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes to any of the above questions please provide full details:	
Advices	
After enquiry, I declare that:	
<ol style="list-style-type: none"> <li>1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal.</li> <li>2. The statements and particulars given in this Proposal are true and complete, and no material facts have been omitted, misstated or suppressed.</li> <li>3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance                             <ol style="list-style-type: none"> <li>1. Policy, I will give immediate notice thereof to Insurer(s) via Arthur J. Gallagher, and I agree that Insurer(s) may alter or withdraw the terms that they have offered.</li> <li>4. I agree that if there are any changes during the Policy Period to the modalities I want covered I will promptly notify Insurer(s) via Arthur J. Gallagher.</li> <li>5. I have read and understood the Important Notices contained in this Proposal.</li> <li>6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s).</li> <li>7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an                                     <ol style="list-style-type: none"> <li>2. Insurance Policy.</li> <li>8. I will provide Insurer(s) with notice via Arthur J. Gallagher as soon as practicable of any fact or circumstance that might give rise to a   <ol style="list-style-type: none"> <li>3. Claim and furnish all relevant documentation to Insurer(s) in the investigation or defence of any Claim.</li> <li>9. Insurer(s) are hereby authorised to make any investigation and enquiry in connection with this Statement of Fact that they deem necessary.</li> </ol> </li> </ol> </li> </ol> </li> </ol>	

## Important notices

### Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act 1984 (Cth), 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 about insuring you and if so, on what terms.

Your duty does not require disclosures of matters:

- That diminish the risk;
- That are of common knowledge;
- That the Insurer knows, or in the ordinary course of its business as an insurer, ought to know;
- As to which compliance with your duty of disclosure is waived by the Insurer.

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

### Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the policy in respect of a claim or may cancel the policy. If your no-disclosure is fraudulent the Insurer may avoid the policy from its inception. This is why it is vital that enquiry must be made of all relevant principals, directors, employees, contractors, and subsidiaries before this Proposal is signed by or on behalf of the prospective Insured.

### Utmost good faith

Every insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other with the utmost food faith. Failure to do so on your part may prejudice any claim of the continuation of cover provided to the insurer.

### Change of Circumstance

It is vital that you advise us of any departure from your "normal" form of business (i.e. the business details that have been advised to your Insurer). For example, any change to business activities, ownership, acquisitions, changes in location, or new overseas activities.

### Subrogation

You may prejudice your rights with regard to a claims if, without prior agreement from the Insurer, you make an agreement with a third party that will prevent the Insurer from recovering the loss from that party of another party.

## Declaration

Natural therapies proposal form | School or college

After enquiry, I declare that:

1. I have made all necessary enquiries into the accuracy of the responses given in this Proposal.
2. The statements and particulars given in this Proposal are true and complete, and that no material facts have been omitted, misstated or suppressed.
3. Should any of the information given by me alter between the date of this Proposal and the inception date of any Insurance Policy, I will give immediate notice thereof to Insurer(s) via OAMPS, and I agree that the Insurer(s) may alter or withdraw the terms that they have offered.
4. I agree that if there are any changes during the Policy Period to the modalities I want covered I will promptly notify Insurer(s) via OAMPS.
5. I have read and understood the Important Notices contained in this Proposal.
6. I agree that this Proposal, together with any additional information contained in an appendix or attachment, will form the basis of the contract of insurance effected by Insurer(s).
7. I agree that submitting this Proposal for the purposes of obtaining a quotation does not bind Insurer(s) to complete an Insurance Policy.
8. I will provide Insurer(s) with notice via OAMPS as soon as practicable of any fact or circumstance that might give rise to a claim, and furnish all relevant documentation to Insurer(s) in the investigation or defence of any Claim.
9. Insurer(s) are hereby authorised to make any investigation and inquiry in connection with this Proposal that they deem necessary.

I have read and understood the Duty of Disclosure.

I have read and understood the Privacy Statement.

I have read and understood the FSG.

Signature of the insured(s) Date:

Signature of the Insured		
	Date:	

(If applicable)

	Date:	
	Date:	