

Are you covered for practicing outside of study?

Do you conduct additional natural therapies work outside your course requirements? If so, even if you don't charge, you may need to purchase public liability and professional risks insurance.

You are covered by your college/school for practical work you carry out as part of your course, even if it's out of school hours or off campus. However, this does NOT apply if you also practice outside of your course requirements.

If you are conducting additional work outside your course requirements you will need to consider purchasing your own cover.

This offer is only available to students whose college or school is covered through Arthur J. Gallagher and is subject to a very important condition.

The cover will only apply in respect to modalities in which you have been trained and are accredited to practice by the college/school.

About the Cover

Combined Liability (i.e. Public Liability and Professional Risks) is available to you to protect yourself against claims from third parties for injury or damage to property.

The policy will protect you when you are carrying out modalities for which you have been trained and are authorised to practice by your college/school.

To arrange cover simply complete and return the following application form to the Specialty Risks Team of Arthur J. Gallagher.

Levels of cover and premiums:

Limit of Public Liability	Limit of Professional Indemnity & Products Liability	Total Premium (incl all fees and charges)
\$10,000,000	\$1,000,000	\$149
\$10,000,000	\$2,000,000	\$164
\$10,000,000	\$5,000,000	\$188

I have more questions, who can I contact?

Arthur J. Gallagher

Specialty Risks Team

Tel: 1800 222 012 or + 61 7 3387 1900 if calling from overseas

Fax: 07 3382 0676

Email: specialtyrisks@ajg.com.au



Period of Cover	At 4pm local time If you do not specify a date we will commence your insurance policy effective the date we receive the completed proposal. Your start date must be within 30 days of when its received and cannot be backdated
------------------------	--

Insured Information	
Full Name	
Mailing Address	
Phone	
Mobile	
Email Address	

Name of College/ University/TAFE /Professional Body	
---	--

OR

IICT Membership No.	
---------------------	--

Modality / Qualifications being studied for	Date due to be completed

Any Modalities where you are still a student included subject to Exclusion 2, Section 3 of our policy wording

Limits of Cover	
Public Liability limit of \$10,000,000	
Professional Indemnity and Products Liability (Must select one)	\$1,000,000 \$2,000,000 \$5,000,000

Optional Extension for General Property	
Do you wish to take out the optional extension for General Property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item description	Sum Insured (any 1 item over \$1000 must be specified or a group similar items with a total value)
Total \$	

This option extends to cover any business related items (excludes Tablets, Mobile Phones and Cash) covering your items Australia wide for Fire, Theft and Damage. Please read the policy wording for more details.
The additional premium for this cover is \$25 plus GST and Stamp Duty per \$1000 of cover requested

Claims Questions

After full enquiry, are you, or have you been aware of any:

- | | |
|---|---|
| a). Claim having been made against you, any of the practitioners, employees or contactors 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, contactors or business partners in the future? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| c). Have you ever made a claim for property loss, theft, machinery, electronic equipment or damage in respect of which cover is being sought? | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| d). Have you or any person covered by this insurance 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 been a director of officer of a company that was put into receivership, administration or 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:

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 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 Arthur J. Gallagher, and I agree that 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 Arthur J. Gallagher.
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 Arthur J. Gallagher 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 enquiry in connection with this Statement of Fact that they deem necessary.

I have read and understood the Duty of Disclosure	<input type="checkbox"/>
I have read and understood the Privacy Statement	<input type="checkbox"/>
I have read and understood the Financial Services Guide	<input type="checkbox"/>

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

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

Please be advised that we do include a broker fee and receive remuneration from your policy

Signature of the Insured		
TYPE NAME OR SIGN HERE	I accept the terms and conditions of this proposal electronically on	DATE

This information is provided as a Summary only of the Policy coverage. In the event of a dispute, the terms, conditions and exclusions of the Policy Document itself will prevail.

FOR BKS STUDENTS ONLY

I certify that

is undergoing teacher training with me:

Signed:

Date: