



MEDICAL MALPRACTICE RENEWAL DECLARATION

IMPORTANT NOTICE

This renewal declaration will form a key part of your ongoing contract(s) of insurance with QBE Insurance (International) Limited and it is important that all material facts continue to be fully, frankly and accurately disclosed.

PLEASE REMEMBER TO SIGN AND DATE THIS FORM.

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

Name of Insured

Name of Broker

Policy No.

Expiry Date

PRACTICE DETAILS

Total Gross Income/Fees (excluding GST) for your last financial year

Description of your practice/establishment's main activities

Over the past twelve months, have there been any changes in your activities as described above? **If Yes, please attach full details.**

Yes No

Number of Insured Persons (i.e. health professionals) leaving your practice/establishment in the past 12 months.

Number of Insured Persons (i.e. health professionals) joining your practice/establishment in the past 12 months.

Please attach details including the date they qualified, where they trained and the number of years working experience.

Change in the number of patients/clients you establishment catered for last year, remembering to indicate plus or minus.

CLAIMS DETAILS

Has any new, current or former Insured Person ever been subject to disciplinary proceedings for professional misconduct, or are any such proceedings pending?

If Yes, please attach full details.

Yes No

After enquiry, is any new, current or former Insured Person aware of any claims or circumstances which might give rise to any claims, other than matters disclosed in the proposal form dated: ____/____/____

If Yes, please attach full details.

Yes No

DECLARATION

I declare that all answers and statements in this renewal declaration are correct and complete in every respect and agree that this Declaration shall form the basis of and be incorporated into the policy of insurance which I have with QBE Insurance (International) Limited.

Signed

Date

Printed name

Position



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QBE INSURANCE (INTERNATIONAL) LTD
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