

INSURANCE FOR COUNSELLORS AND PSYCHOTHERAPISTS

COMBINED PROFESSIONAL INDEMNITY, PUBLIC & PRODUCTS LIABILITY INSURANCE

PROPOSAL FORM

Please complete and return this form to Rowland House , PO Box 6157 St. Kilda Rd. Central, Melbourne VIC 8008.

If you are faxing or emailing this form to us, please do not post the original.

Fax: 03 9530 2099 / Phone: 1800 642 747 / Email: enquiries@rowlandhouse.com

A FORMAL QUOTE WILL BE SENT TO YOU VIA EMAIL.

1. Details of Applicant:

Mr Mrs Miss Ms Dr

First Name _____ Family Name _____

Business Name (if applicable) _____

ABN (if applicable)

Postal Address _____

Suburb _____ State _____ Postcode _____

Phone _____ Fax _____ Email _____

2. Please indicate your association membership:

- Australian Counselling Association Clinical Counsellors Association Inc
 Federation of Psychotherapists & Counsellors of Queensland Inc Counselling Tasmania Inc
 Professional Counsellors Association of Western Australia Inc Other _____
 Federation of Victorian Counsellors Inc

Please advise of your membership number: _____

3. This policy provides cover for the following professional activities as per the ACA guidelines. Please select the cover required:

- Counselling Psychotherapy
 Hypnotherapy Psychology
 Professional/Clinical Supervision Teaching/Workshops/Presentations

If you require cover for other health modalities, please indicate below:

Modality	Qualifications	Date Obtained	Total Course Hours
_____	_____	_____	_____
_____	_____	_____	_____



Rowland House
INSURANCE BROKERS (AUST) PTY LTD

4. History in regard to Professional Liability Insurance:

(a) During the past 10 years has any Claim been made, or has negligence been alleged, against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals), or have any circumstances which may give rise to a claim against any of these been notified to insurers?

Yes No

(b) Are there any circumstances not already notified to insurers that may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals)?

Yes No

(c) Are there any Claims against previous practices which may give rise to a Claim against any entity or individual to be insured by this insurance (including any prior corporate entity and any of the present or former Principals)?

Yes No

(d) Has any Principal or staff member ever been subject to disciplinary proceedings for professional misconduct?

Yes No

5. Amount of cover required: \$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000

This policy automatically provides \$10M public and products liability cover.

DECLARATION AND AGREEMENT

1. I am authorised by each of the Proposers to submit this Application Form.
2. The statements provided in this Application Form are correct, true and complete.
3. All material information which is relevant to this risk been declared.
4. I have read and understood the Rowland House important notice and duty of disclosure.
5. I have diligently made all necessary and detailed enquiries in order to comply with the duty of disclosure.
6. I understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance.
7. I undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance.
8. I acknowledge that the Insurer relies on the information and representations in this Application Form and otherwise made by me in relation to this insurance.

Signature of Insured _____ Date Signed _____

Office Use Only

Inception Date _____

Total Paid \$ _____

Date Stamp