

International Institute for Complementary Therapists Proposal Form

Combined professional indemnity, public and products liability insurance

Please complete and return this proposal form via post, email or fax using the contact details on page 5. Upon our receipt of your completed and accepted form, a Tax Invoice detailing your payment options will be sent to you. Before completing this form you must read pages 4 and 5, as a requirement of the Insurance Contracts Act.

Details of insured (referred to in the proposal as 'you' and 'your')

Mr Mrs Miss Ms Dr

First name Family name

Name of your incorporated Company/Partnership/Registered trading name (if any) owned by you (DO NOT NAME AN EMPLOYER)
– Leave blank if no company or business name exists

ABN

Postal address

Suburb State Postcode

Phone Mobile

Email Fax

Modalities

Please state the modalities for which you are qualified to practise and for which you require cover. A list of the approved modalities can be found at aon.com.au/iict.

This policy only covers approved modalities that you are suitably qualified to practice, as would be defined by the majority of your professional peers.

Qualifications

- (a) I have obtained the necessary qualifications, registrations, certifications and/or a letter of readiness to enable me to perform the modality for which I am seeking insurance cover Yes No
- (b) If I am seeking cover for hypnobirthing, hypnofertility, hypnotherapy, I also declare I have undertaken a course with over 100 hours of study required N/A Yes No

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Professional Indemnity Limit of Indemnity required

(premiums for each limit are detailed at aon.com.au/iict)

Note: cover of \$10,000,000 public and products liability is included with all professional indemnity limits. \$20,000,000 public and products liability is automatically included with \$20,000,000 professional indemnity limit. Should you need a higher amount of public liability cover, please phone 1800 805 191.

\$1,000,000 \$2,000,000 \$5,000,000 \$10,000,000 \$20,000,000

Membership Number

Please insert your IICT Membership Number

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Level of Membership

Please indicate your level of IICT Membership?

- Affiliate Membership
- Associate Membership
- Direct Sellers Membership
- Executive Membership
- Full Membership
- Student Membership
- None

Claims/circumstances

If you answer Yes to any of the questions below, please provide details on a separate page and attach with your application. The standard premiums quoted on the brochure may not apply.

- (a) Have any claims or complaints ever been made against you or any of your partners or employees during the past 10 years? Yes No
- (b) Are you aware of any circumstances which may result in a claim against you or any of your partners or employees during the past 10 years? Yes No
- (c) Has any Insurer ever declined, cancelled or imposed special conditions in relation to this type of insurance? Yes No
- (d) Have you ever been subject to disciplinary proceedings for professional misconduct by a professional body or any statutory registration board or been called upon to respond to a complaint? Yes No

Business Insurance

Do you have any business assets that you need to insure?

Please tick here and we will contact you to provide a quote

Yes No

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Declaration and Agreement

1. I acknowledge that I have read, understood and agreed to the Notice to the Proposed Insured provided on this application form.
2. I acknowledge that if this application is accepted, the insurance cover will be subject to the terms and conditions as set out in the Policy Schedule and Policy Wording.
3. I declare that the information contained in this application form is true and correct and that I have not suppressed nor misstated any facts.
4. I declare that if I am required to hold registration with a registration board (whether it be a state, territory or national board in which I practice), that I will maintain registration for the term of this insurance policy.
5. I acknowledge that Aon values the privacy of personal information and is bound by the Privacy Act 1988 (Clth) when they collect, use, disclose or handle personal information.
6. I acknowledge that Aon collects personal information to offer, provide, manage and administer the services they provide in accordance with Aon's Privacy Statement. I consent to the use of my personal information for the purposes shown in the Aon's Privacy Statement, and the disclosure of my personal information to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.
7. If I have disclosed personal or sensitive information about any other person, I confirm that I have obtained consent from that person to disclose to you their personal or sensitive information and have made them aware that you will or may provide their information to other third parties, including the insurer for any of these purposes, and for the purposes which we or the third parties may use the information for, including those outlined in the Privacy Statement. If I have not obtained consent and authorisation from any other person to disclose their personal or sensitive information to you, I will inform you before providing relevant information.
8. I declare that I am a current and financial member of the International Institute for Complementary Therapists (IICT), and shall immediately notify Aon if I cease to be a member of the IICT.
9. I authorise Aon to release personal information relating to this insurance to the IICT.

Signature of Insured

Date

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Date insurance to commence

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OFFICE USE ONLY

Inception date

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Total paid

\$							
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Date Stamp

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 complete this proposal form.

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 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.

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 any 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 any 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 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.

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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 of 'circumstances' and your insurer is not notified during the policy period, you could be left uninsured or facing a reduced payout from your insurer in respect of that claim or any 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 this policy bears to the amount paid to dispose of the claim. Any surplus will be deducted from claim payments.

6. Subrogation agreements

Where another person would be liable to compensate you for any 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 any monies from that person, the insurer will not cover you under the policy for any such loss or damage.

Privacy statement

Aon has always valued the privacy of personal information. If you would like a copy of our Privacy Policy, you can contact us or access it from our website at aon.com.au.

Please return your completed proposal form to us.

Aon Risk Services Australia Limited

Post GPO Box 1230, Melbourne VIC 3001

Fax 03 9211 3510

Email au.iict@aon.com

Web aon.com.au/iict

Please direct any queries to:

Toll free 1800 805 191

ABN 17 000 434 720

AFSL 241141

Short form privacy disclosure and consent

Application Form

1. Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the Aon Privacy Notice. In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice. Further information about our privacy practices can be located in the Aon Australia Group Privacy Policy Statement, a copy of which can also be sent to you on request by your Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer through the means set out in the Aon Privacy Notice.
2. If you are disclosing personal or sensitive information about any other person to Aon, you confirm that you have obtained the consent of that person to disclose to Aon their personal or sensitive information and you have made them aware that Aon will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If you have not obtained consent from this other person to disclose their personal or sensitive information to Aon, you will inform us before providing the relevant information to us.

By submitting this IICT Proposal Form, you acknowledge that you have read the Aon Privacy Notice and agree that we can handle any personal information you have provided to us in the manner set out above

- Unless you tick here, we or any of our group of companies may be in touch by any means (including email or SMS) at any time to let you know about goods, services or promotions that may be of interest to you.

Other – FSG & important notices

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Privacy Officer

Level 33, 201 Kent Street Sydney NSW 2000

Email privacyofficer@aon.com

Phone 02 9253 7000