

Liability Scheme

NZ Occupational
Health Nurses Association



LIABILITY INSURANCE SCHEME APPLICATION FORM

Your full name

Postal address

Work phone

Mobile phone

Email address

Date of birth

Are you a member of the New Zealand Occupational Health Nurses Association? Y N

Member qualification(s)

Current employer

State the nature of the profession/business including a full description of your activities and, in particular, those activities where you provide advice, design or opinion that may be relied upon by a third party:

Do you conduct any business activities outside of New Zealand? Y N
If yes, please provide full details.

Please provide your total income for:

Last 12 months

Next 12 months (estimate)

Have you made any previous claims relevant to the insurance being applied for? Y N

Have you ever been the subject of disciplinary proceedings for professional misconduct? Y N

Are you aware of any claims or circumstances which might result in a claim against you? Y N

If the answer to any of the questions above is yes, please provide full details.

Declaration

- a. I/we agree that my/our personal information may be used by Abbott Insurance Brokers Ltd to advise me/us of other services provided by Abbott Insurance Brokers Ltd or associated companies.
- b. I/we authorise the disclosure of personal information held by any other party regarding my/our previous insurances.
- c. I/we agree to Abbott Insurance Brokers Ltd releasing to other parties information regarding this insurance.
- d. I/we hereby declare and warrant that the answers given in this proposal (and any attachments relating to it) are in every respect correct and complete.
- e. I/we agree that this proposal, declaration (and any attachments to it) and any other information supplied in support of this proposal shall be the basis of the contract between you and the insurer.
- f. I/we agree to accept the terms, exceptions and conditions contained in the policy (or policies) as modified or extended by any endorsements thereon or the policy schedule or on any certificate of insurance issued to me/us by the insurer in lieu of a policy.

Your signature:

Date:

(dd-mmm-yyyy)

Insured

Members of the New Zealand Occupational Health Nurses Association Professional Liability Insurance Scheme

Business of Insured

Occupational Health Nurses

Professional Indemnity Insurance

Policy Wording:	Delta Malpractice Liability MM07/20
Professional Business:	Occupational Health Nurses
Territorial Limits:	New Zealand
Jurisdictional Limits:	New Zealand
Retroactive Date:	Unlimited excluding known circumstances
Limit of Indemnity:	\$1,000,000 any one claim per individual \$2,000,000 annual aggregate per individual
Excess:	\$1,000 cost inclusive

Special Conditions:

- Policy includes 1 Automatic Reinstatement as shown with aggregate limit.

Public Liability Insurance

Policy Wording:	Delta Broadform Liability Policy Wording 06-14R
Territorial Limits:	New Zealand
Jurisdictional Limits:	New Zealand
Limit of Indemnity:	\$1,000,000
Excess:	\$500

Statutory Liability Insurance

Policy Wording:	Delta Statutory Liability Policy Wording 06-14R
Territorial Limits:	New Zealand
Jurisdictional Limits:	New Zealand
Limit of Indemnity:	\$1,000,000
Retroactive Date:	Unlimited excluding known circumstances
Excess:	\$500

Total annual premium - \$393+gst

Policy sums insured can be increased upon application to Abbott Insurance Brokers Ltd.

Contact:	Donna Harker	Nicole Upton
Email:	donna.harker@abbott.co.nz	nicole.upton@abbott.co.nz
Postal Address:	PO Box 3086, Christchurch	PO Box 3086, Christchurch
Phone:	021 310 539	03 366 7536
Website:	www.abbott.co.nz	www.abbott.co.nz

Detailed below is an overview of the Liability Programme which provides basic information regarding the type of cover provided. For full policy information please refer to the policy documents available on the NZOHNA website www.nzohna.org.nz.

Professional Indemnity

Professional Indemnity Insurance provides protection for businesses and professional persons in respect of legal liability arising from the conduct of their practice or business.

Specifically, coverage is provided for:

- Settlements by or judgements against the business or professional person arising out of negligent advice or services.
- Legal costs and expenses associated with the defence of legal action.

Public Liability

Public Liability Insurance provides protection for businesses and individuals against claims for compensation in respect of unexpected or unintended personal injury or property damage for which they become legally liable, arising out of their business activities.

The policy also extends to cover the costs of defending these claims in court, as well as any necessary investigations or negotiations.

Statutory Liability

Statutory Liability Insurance provides protection to businesses for:

- Defence Costs associated with alleged unintentional breaches of the Health and Safety at Work Act, the Building Act, Consumer Guarantees Act, Fair Trading Act, Privacy Act and most other statutes affecting commercial activity.
- The costs of representation at an investigation or inquiry.
- Any fine or cash penalty payable by the insured following conviction for an offence under the insured statutes.

It is legislated that the fine incurred following an alleged breach of the Health and Safety at Work Act 2015 is not insurable and therefore cannot be covered by the policy.

Other ways we can help

BUSINESS

Business Asset Insurance
Business Interruption Insurance
Commercial Vehicle Insurance
Cyber Insurance
Directors and Officers Insurance
Health and Safety Insurance
Liability Insurance
Travel Insurance

DOMESTIC

House Insurance
Contents Insurance
Landlord Insurance
Car Insurance
Boat Insurance
Travel Insurance

HEALTH

Group Medical Schemes
Private Health Insurance
ACC Advice

HOME LOANS

Mortgage Broking
Mortgage Protection Insurance

INVESTMENTS

Financial Planning
KiwiSaver for Employers, Employees and Self-employed

LIFE & DISABILITY

Life Insurance
Income Protection Insurance
Trauma Insurance
Total and Permanent Disability Cover

0800 238 473