

## Student, Registrar & Provisional Psychologist

### Insurance Application Form

Name:

Street address:

Suburb:

State:

Postcode:

Mobile:

Email:

You are a:

Student  Registrar  Provisional Psychologist

**As an AAPI Student, Registrar or Provisional Psychologist you are eligible for complimentary insurance subject to confirmation you hold current membership with the AAPI, and you meet the requirements outlined below:**

**I am an AAPI Member Student and**

- I confirm I have had Nil claims or circumstances that could result in a claim, criminal convictions, disciplinary proceedings, or claims for negligence.  Yes  No

**I am a AAPI Member Registrar Psychologist and**

- I confirm I have had Nil claims or circumstances that could result in a claim, criminal convictions, disciplinary proceedings, or claims for negligence.
- I confirm I am an AAPI Member, Associate Member
- I confirm I am completing a PsyBA approved registrar program
- I confirm I am working at all times under supervision of a registered psychologist and engaging in related tasks.  Yes  No

**I am a AAPI Member Post Graduate Psychologist and**

- I confirm I am an associate member or student subscriber of AAPI
- I confirm I have had Nil claims or circumstances that could result in a claim, criminal convictions, disciplinary proceedings, or claims for negligence
- I confirm I am enrolled in an AAPI accredited 5th year or 5th/6th year post graduate course
- I Confirm I am hold a provisional membership with the Psychology Board of Australia
- I Confirm I am working under supervision at all times of a registered psychologist and engaging in related tasks  Yes  No

## Declaration and Agreement

This must be completed and all boxes ticked for this application to be accepted.

- I/We acknowledge that I/We have read the attached Notice to the proposed Insured, and I/We understand those notices.  Yes
- I/We acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording  Yes
- I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor misstated any facts.  Yes
- I/We undertake to give immediate written notice should any of the information provided on this proposal alter in any material way, between the date of this application and the inception date of the policy to which this proposal relates.  Yes
- I/We declare that I/We hold relevant qualification in which I/We practice and current AAPI membership.  Yes
- I/We understand that Insurance House will share relevant information with respect to your Insurance policy with the AAPI including a copy of policy documentation confirming your insurance policy status.  Yes

Print name:

Signature:

Date:

**Note:** This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed, dated and received by Insurance House. Acceptance and cover is not automatic and are subject to underwriting guidelines and approval. Cover will not commence until you receive written confirmation from Insurance House and/or the Insurer. Following approval of your application and placement of your insurance policy, Insurance House will share relevant information with the AAPI including a copy of policy documentation confirming your insurance policy status.

## Get in touch



**Call now**  
**1300 468 730**

Call us during business hours  
Mon – Fri, 9:00am – 5:00pm (AEST)



**Email us**  
**support@insurance.com.au**



**Snail mail**

Level 3, 100 Wellington Pde  
East Melbourne VIC 3002



**Old school fax**  
**1800 636 221**

**AAPI**  
AUSTRALIAN ASSOCIATION  
of PSYCHOLOGISTS INC

# Notice to the Proposed Insured

This notice must be read before you complete the proposal form.

## 1. Disclosure of relevant facts

### Your Duty of Disclosure

Before you enter into an insurance contract with an insurer, you have a duty, under the Insurance Contracts Act 1984 to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- your insurer knows or, should know as an insurer; or
- the insurer has waived your duty to tell them about.

### If you do not tell the insurer something

If you do not tell the insurer anything you are required to, the insurer may cancel your contract or reduce the amount the insurer will pay you if you make a claim, or both.

If your failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## 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.

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.

## 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 the 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.

## 7. Privacy & Insurance House

Your privacy is important to insurance.com.au Pty Ltd ABN 27 163 909 073 AFSRN 443422. Our Privacy Policy explains how we use and disclose your personal information. Our Privacy Policy is available at [www.insurance.com.au](http://www.insurance.com.au) or upon request when contacting us.

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of PSYCHOLOGISTS INC

