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| Application FOR Business Entity Insurance |

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| **Full Insured Entity:** |  | | |
| **Applicant Name:**  (must be the business owner) |  | | |
| **Principal Address:** |  | | |
| **City:** | | **State:** | **Postal Code:** |
| **Telephone:** |  | | |
| **Email:** |  | | |
| **Date Cover Required From:** |  | | |

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| **Are you a member in good standing with the Pilates Alliance Australasia (PAA)?** | Yes | No |
| **PAA Member Name:** |  | |
| **PAA Membership Number:** |  | |

Disclosure Questions

\* Answers marked with an asterisk (\*) require additional information

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| --- | --- | --- | --- |
| **1.** | Have you operated under a different name in the past? | Yes\* | No |
| **2.** | Do you operate outside of Australia? | Yes\* | No |
| **3.** | Have you or any directors or officers of the proposed insured entity ever had Professional Indemnity insurance or Public & Products Liability Insurance denied or cancelled by an Insurer? | Yes\* | No |
| **4.** | Have you or any of the directors or officers of the proposed insured entity ever suffered a Professional Indemnity insurance or Public & Products Liability loss or had any complaint or inquiry made against them? | Yes\* | No |
| **5.** | In the past 10 years have you, or any past or present director or officer involved in the proposed insured entity been charged with any criminal conviction? | Yes\* | No |
| **6.** | In the past 10 years have you, or any director or officer involved in the proposed insured business been involved in a company that has gone into liquidation or administration? (if yes, provide detail below) | Yes\* | No |
| **7.** | Do all practitioners within your business carry a minimum Professional Indemnity Insurance of $1,000,000; or $5,000,000 for chiropractors and osteopaths | Yes | No\* |
| \* Answers marked with an asterisk (\*) require additional information | | | |

***NOTE: Based on the answers to the above questions, your request for a quote may need to be reviewed by the insurer and additional information may be required to assess your eligibility for cover.***

Business Entity extension Quotation

**Coverage** This cover is written on a **Claims Made** Basis.

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| **Coverage** | **Limit** |
| Professional Indemnity | $5,000,000 each claim  $5,000,000 in the aggregate |
| Public & Products Liability | $10,000,000 each claim  $10,000,000 in the aggregate |

**Coverage provided is in addition to the limit provided under your PAA Member Insurance Policy.**

**Deductible - $250 each and every claim**

A Part Time Professional is defined as working less than 20 hours per week.

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| **Discipline** | **No. of Professionals** | |
| **Full Time** | **Part Time** |
| PAA member with PAA insurance |  |  |
| PAA member without PAA insurance/ Non PAA member |  |  |
| Athletic Therapist |  |  |
| Audiologist / Speech Pathologist |  |  |
| Dietician |  |  |
| Exercist Therapist / Exercise Physiologist |  |  |
| Kinesiologist |  |  |
| Massage Therapist |  |  |
| Occupational Therapist |  |  |
| Personal Trainer |  |  |
| Physiotherapist |  |  |
| Other (please describe) |  |  |

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| |  |  | | --- | --- | | Duty of Disclosure **Your Disclosure**  Before you enter into an insurance contract with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose information to the insurer. The Duty of Disclosure applies until the insurer agrees to insure you or renew your insurance. The Duty of Disclosure also applies before you extend, vary or reinstate your insurance. You must tell the insurer all information that is known to you, that a reasonable person could be expected to know or that is relevant to the insurer’s decision to insure you and on what terms. You do not need to tell the insurer anything:   * that reduces the risk it insures you for; * is common knowledge; * that the insurer knows or should know; or * which the insurer waived your duty to tell it about.   **Non-Disclosure**  If you fail to comply with your Duty of Disclosure, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. Declaration I declare that the statements made herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.  If you are unsure of your coverage requirements please contact BMS, a senior broker will be available to answer your questions during regular business hours. | | | Signed by: | Position: | | Date: |  | | Signing of this form does not bind the Applicant or company to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. | |   **BMS Risk Solutions Pty Ltd (BMS Group)**  Level 3, 360 Little Collins Street  Melbourne VIC 3000  Phone: 1800 940 764  Email: pilatesaa@bmsgroup.com |