



MACQUARIE UNDERWRITING

Medical Liability Insurance Addendum

Attaching to and forming part of the proposal for Medical Liability Insurance.

Name of Institution to whom this addendum refers.

How long have you managed this facility?

 _____ Years

1. Please state the number of employees in each of the following categories.

Category	Employees	Other
Doctors		
Resident Medical Officers		
Psychiatrists		
Other Non procedural Doctors		
Cosmetic Surgeons		
Orthopaedic Surgeons		
Neurosurgeons		
Other Surgeons		
Anaesthetists		
Pathologists		
Obstetricians / Gynaecologists		
Other Medical Personnel		
Registered Nurses		
Enrolled Nurses		
Midwives		
Radiologists		
Paramedics		
Pathology Technicians		
Pharmacists		
Other: _____		
Administrative		
Clerical		
Other Administration		
Total		

2. Please provide the total number of beds and average occupancy for the past 5 years.

Beds							
Occupancy	%	%	%	%	%	%	%

3. Please advise the total income for the past 12 months.

\$

(a) Please provide the number of beds provided for each of the following activities:

Activities	Beds
Medical / surgical	
Psychiatric	
Geriatric	
Skilled Nursing	
Substance Abuse	
Rehabilitation	
ICU	
Paediatric	
Bassinets	
Obstetrical	
Neonatal ICU	

(b) Please provide the annual number of procedures or visits within the following categories

Activities	Procedures / Visits
Outpatient visits	
Medical <i>(incl. day surgery under local anaesthetic)</i>	
Radiological	
Infectious Diseases	
Chemotherapy	
Geriatric	
Pathology	
Other please state	
Accident & Emergency Room	
Minor surgery <i>(incl. day surgery under general anaesthetic)</i>	
Major surgery	
Births	
Elective cosmetic surgery	

4. Do you operate a Blood Bank?

Yes No

If yes, please advise.

(a) The average number of units of blood or blood products used by your establishment in any one calendar month?

- (b) Is 100% of the above bought or obtained from the Australian Red Cross? Yes No
- (c) Are all blood or blood products tested for transmittable diseases in accordance with the Australian Red Cross guidelines prior to use? Yes No

If the answer to either questions 5 (b) or 4 (c) are **no**, please provide full details.

5. Do you participate in Clinical Trials? Yes No

If **yes**, please complete our clinical trial addendum.

DECLARATION

I the undersigned, **after enquiry**, declare as follows:

- (1) I am authorised by each of the persons or entities in the definition of “You” in clause 7 on page 2 of the proposal to make this statement.
- (2) I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurers of any change in the particulars or statements contained in the proposal or in the accompanying documents.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this proposal and in the accompanying documents shall be the basis of the contract if a policy is issued. I also acknowledge that the proposal and the accompanying documents will be incorporated in the contract of insurance.

Name of Business or Practice:

Signature (Partner, Principal or Director): _____

Name of Signatory (Please Print): Date / /