Natural Therapy Students

Insurance Proposal Form

Are you covered for practicing outside of study?

Do you conduct additional natural therapies work outside your course requirements? If so, even if you don't charge, you may need to purchase public liability and professional risks insurance.

You are covered by your college/school for practical work you carry out as part of your course, even if it's out of school hours or off campus. However, this does not NOT apply if you also practice outside of your course requirements.

If you are conducting additional work outside your course requirements you will need to consider purchasing your own cover.

This offer is only available to students whose college or school is covered through OAMPS Insurance Brokers and is subject to a very important condition.

The cover will only apply in respect to modalities in which you have been trained and are accredited to practice by the college/school.

About the Cover

Combined Liability (i.e. Public Liability and Professional Risks) is available to you to protect yourself against claims from third parties for injury or damage to property.

The policy will protect you when you are carrying out modalities for which you have been trained and are authorised to practice by your college/school.

To arrange cover simply complete and return the following application form to the Specialty Risks Team of OAMPS Insurance Brokers.

There are two different levels of cover:

Level 1: Students carrying out additional practical work but NOT charging their clients.

Limit of Indemnity	Total (incl GST and Stamp Duty
\$1,000,000 & \$1,000,000	\$149.00
\$2,000,000 & \$2,000,000	\$192.00
\$5,000,000 & \$5,000,000	\$216.69

Higher limits now allowed from 3rd July 2014

\$10,000,000 & \$1,000,000	\$213.40
\$10,000,000 & \$2,000,000	\$255.75
\$10,000,000 & \$5,000,000	\$316.25

For more information contact

1800 222 012

specialtyrisks@ajg.com.au

Level 2: Students carrying out additional practical work and charging their clients.

Limit of Indemnity	Total (incl GST and Stamp Duty
\$1,000,000 & \$1,000,000	\$207.00
\$2,000,000 & \$2,000,000	\$275.00
\$5,000,000 & \$5,000,000	\$310.51

Higher limits now allowed from 3rd July 2014

\$10,000,000 & \$1,000,000	\$273.90		
\$10,000,000 & \$2,000,000	\$340.45		
\$10,000,000 & \$5,000,000	\$400.95		

Complete and return this form to the Specialty Risks Team:

PO Box 852, EAST MELBOURNE VIC 8002, Fax: 1800 000 472

email: specialtyrisks@ajg.com.au

Underwritten by:





Natural Therapy Students

Insurance Proposal Form

Name of College/ University TAFE/Professional Boo			
IICT membership numb	per:		
Date from which you re commence: (Note: cover is current unit the commencement date)			
Full name of student:			
Qualification being stud	died for:		
Modalities being studie	ed:		
Address:			
State:		Postcode:	
Mailing address:			
Phone:			
Mobile:			
Email Address:			
Claims Questions			
After full enquiry, are you aware of any:			
a). Claim having been made against you, any of the practitioners employed by you or any of your business partners?		☐ Yes ☐ No	
b). Circumstances which could give rise to a claim against you, your employees or business partners in the future?		Yes No	
c). Have you ever made a claim for property loss or damage in respect of which cover is being sought?		of O Yes O No	
d). Have you ever had any insurance declined, cancelled, renewal refused, special conditions imposed, special excess imposed or a claim rejected?		☐ Yes ☐ No	
e). Have you been declared bankrupt or put into receivership of voluntary liquidation?		ry	
f). Have you been charged or convicted of any criminal offence?		☐ Yes ☐ No	
If you have answered yes to any of the above questions please provide full details:			

Underwritten by:





What level of cover do you require (tick o	ne)?	Level 1	(not charging)	Level 2 (charging)
Choose the Limit of Cover you require (please tick one option only)				
Limits for Public Liability (PL) & Professional Indemnity (PI)	\$ 1M PL / \$1M PI		\$2M PL / \$2M PI	\$5M PL / \$5M PI
Higher Limits for Public Liability (PL) & Professional Indemnity (PI)	\$10M PL / \$1M PI		\$10M PL \$2M PI	/ \$10M PL/ \$5M PI
Are you a Permanent resident of Australia?				
If you are on a visa, what class is it?				
Expiry:				
I have read and understood the Duty of Disclosure. I have read and understood the Privacy Statement. I have read and understood the FSG. Please be advised that we do include a broker fee and receive remuneration from your policy To speed up the process we are able to email your documentation to you. Please confirm if you wish to receive documents by email.				
I agree to receive my documentation	n and furth	ner corre	spondence by	/ email.
Current email address:				
Please do not send my documents or any correspondence by email.				
Student declaration I acknowledge, being a student of the said organisation, that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording. I declare that the information contained in the proposal form is true and correct in every particular and acknowledge that W.R. Berkley will rely on this information in deciding whether to give cover, and what terms. Signature of the Insured(s):				
Date of Birth:				

