

# Renewal Invitation & Policy Schedule

## Allied Health Liabilities Insurance

Association Membership Number: 12-162

Olwen Chell  
24A Kirra Road  
ALLAMBIE HEIGHTS NSW 2100

13 January 2020

**Please note; your Policy wording or Product Disclosure Statement, together with the Schedule and any Addendum, form Your contract of insurance with Us.**

Dear Olwen

Thank you for being a Guild Insurance customer. Your policy is now due for renewal and expires at 4:00pm on 17/02/2020. We've attached your new policy.

As you pay by the month, your premium will continue to be deducted from your nominated account monthly.

When it does, you will continue to benefit from the experience of an insurer who has partnered with the Dietitians Association of Australia for over 14 years.

If at present you are a small business entity conducting business with an aggregated turnover of less than \$2 million, you are eligible to apply the NSW Stamp Duty Exemption. To apply the exemption to your premium, complete the small business entity declaration at [guildinsurance.com.au/policyhub](http://guildinsurance.com.au/policyhub)

### What next?

- 1. Read and check your Renewal Invitation** - make sure everything is correct and the cover taken by you meets your needs.
- 2. Read and check your Addendum** - it is important that this information is correct as we rely on it to determine your premium and the terms on which we insure you. If you find any information that is incorrect, please call us immediately.
- 3. Register and log in to Policy hub** - Our online account management service is available 24 hours a day so you can update your details or access your policy documentation.

We look forward to continuing to help you protect your livelihood. If you have any questions about your policy, please call **1800 810 213** or visit [guildinsurance.com.au](http://guildinsurance.com.au)

Kind regards,

**Guild Insurance**

### Take control of your insurance

You now have the freedom to manage your own account with our online account management service **Policy hub**. You will be able to view your policy details, update your personal information, select your communication preferences and make payments - even switch between annual payments and our free pay by the month facility. To register, visit [guildinsurance.com.au/policyhub](http://guildinsurance.com.au/policyhub)



#### POLICY NUMBER

P00087568

#### CLIENT NUMBER

A0084222

#### TOTAL PREMIUM

\$484.95\*

#### PAY MONTHLY

##### MONTHLY PAYMENT DATE

16th of each month

*or the next business day*

##### INITIAL PAYMENT

\$40.43\*

##### MONTHLY PREMIUM

\$40.43\*

**Monthly payments will vary slightly depending on the number of days in the month. However, all monthly payments will equal the Total Premium.**

\*Includes all applicable charges

This document will be a Tax Invoice for GST once premium payment is received.

For more information contact us on

**1800 810 213**

 [guildinsurance.com.au](http://guildinsurance.com.au)



# Renewal Invitation & Policy Schedule

## Allied Health Liabilities Insurance

### POLICY SUMMARY

#### Policy Number

P00087568

#### Policy Type

Allied Health Liabilities Insurance

#### Policy Wording

GLD4976 v05/2019

#### Date of Issue

13/01/2020

#### Period of Cover

17/02/2020 - 17/02/2021 at 4:00pm

#### Insured(s)

Olwen Chell

#### Employment Category

Private Practice

#### Professional Services

Dietitian

#### Business

Dietitian

#### Interested Parties

None

### PREMIUM AMOUNT

Base Premium	\$416.70
--------------	----------

Fire Service Levy*	\$0.00
--------------------	--------

GST	\$41.67
-----	---------

Stamp Duty	\$26.58
------------	---------

<b>Total Amount Payable</b>	<b>\$484.95</b>
-----------------------------	-----------------

\* In NSW this includes NSW State Emergency Services Funding Levy

### BUSINESS LOCATION(S)

- Anywhere in Australia
- 24A Kirra Road, ALLAMBIE HEIGHTS NSW 2100

### SUMMARY OF SECTIONS TAKEN

Professional Indemnity	Y
------------------------	---

Public and Products Liability	Y
-------------------------------	---

### COVER FOR ALL BUSINESS PREMISES

#### Professional Indemnity

Limit of Liability any one Claim	\$10,000,000
----------------------------------	--------------

Limit of Liability in the aggregate any one	\$30,000,000
---	--------------

Period of Cover	
-----------------	--

Type of Cover	Claims Made
---------------	-------------

Retroactive Date	17/01/2015
------------------	------------

Statutory Liability sub-limit	\$50,000
-------------------------------	----------

Public Relations Costs sub-limit	\$50,000
----------------------------------	----------

Loss of Documents sub-limit	\$250,000
-----------------------------	-----------

Court Attendance Costs sub-limit	\$25,000
----------------------------------	----------

Trauma Counselling Sub-limit	\$2,500
------------------------------	---------

Data Breach Notification Costs Sub-limit	\$50,000
--	----------

Data Breach Fines and Penalties Sub-limit	\$50,000
---	----------

Therapy and Counselling Expenses Sub-limit	\$5,000
--	---------

Prior Business	Included
----------------	----------

Territorial Limitation	Worldwide Excluding USA/Canada
------------------------	-----------------------------------

Jurisdiction Limitation	Australia Only
-------------------------	----------------

Inquiries and Proceedings sub-limit	\$100,000
-------------------------------------	-----------

#### Excess (Costs Inclusive)

Basic Excess	Nil
--------------	-----

Data Breach Notification Excess	\$1,000
---------------------------------	---------

Therapy and Counselling Expenses Excess	Nil
---	-----

#### Public and Products Liability

##### Public Liability

Limit of Liability any one Claim	\$10,000,000
----------------------------------	--------------

Limit of Liability in the aggregate any one	\$30,000,000
---	--------------

Period of Cover	
-----------------	--

Type of Cover	Claims Made
---------------	-------------

Retroactive Date	17/01/2015
------------------	------------

Territorial Limitation	Worldwide Excluding USA/Canada
------------------------	-----------------------------------

Jurisdiction Limitation	Australia Only
-------------------------	----------------

Care Custody or Control sub-limit	\$250,000
-----------------------------------	-----------

##### Products Liability

Limit of Liability any one Claim	\$10,000,000
----------------------------------	--------------

Limit of Liability in the aggregate any one	\$10,000,000
---	--------------

Period of Cover	
-----------------	--

Type of Cover	Claims Made
---------------	-------------

Retroactive Date	17/01/2015
------------------	------------

Territorial Limitation	Worldwide Excluding USA/Canada
------------------------	-----------------------------------

Jurisdiction Limitation	Australia Only
-------------------------	----------------

#### Excess (Costs Inclusive)

Basic Excess	Nil
--------------	-----

## IMPORTANT NOTICES

### YOUR DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

#### **If You Do Not Tell Us Something**

If You do not tell Us anything You are required to, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

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

# Addendum

## Allied Health Liabilities Insurance

### Important information - please read carefully

This Addendum summarises Our understanding of Your circumstances based on information You have previously provided to Us. It is important the information contained in the Addendum is accurate because We rely on this information to determine whether to insure You, the Premium We charge and the terms on which We will insure You.

Your duty of disclosure, as outlined in the Schedule under Important Notices, also applies to the information in this Addendum.

**If any information is incorrect, please call us immediately on 1800 810 213.**

### GENERAL

Policy number **P00087568**

Insured(s)

**Olwen Chell**

Are You a member of a Guild Insurance endorsed professional association? **Yes**

Referring association **Dietitians Association of Australia**

Are You a Business/Practice owner or a practitioner? **Practitioner (Combined Liabilities Only)**

includes conditions, undertakings or reprimands attaching to your/their professional registration.

### PART B

**The following information relates to Your business activities at the address shown:**

**24A KIRRA ROAD, ALLAMBIE HEIGHTS NSW 2100  
ANYWHERE IN AUSTRALIA**

### LIABILITY

#### PART A

**The following information relates to Your business overall and is not specific to any individual location.**

#### Your Business

Entity type **Individual**

Employment Status **Private Practice**

Do you hold dual qualification as a Dietitian/Exercise Physiologist or Dietitian/Diabetes Educator? **No**

#### Staff

Are You or any other individual in Your Business currently qualified and registered (where required) to provide the professional services and/or business activities? **Yes**

Do You provide professional services either: **No**  
a) outside those permitted by Your registration for the services You are seeking Cover for?  
b) for clinical research and/or clinical trials?

#### Claim History

In the last 5 years have you or any other person or entity to be covered by this policy: **No**

a) Been subject to a claim of the type covered by this proposed insurance; or

b) Become aware of any facts or circumstances which may give rise to a claim of the type covered

by this proposed insurance; or

c) Been subject to any investigation, examination or inquiry for professional misconduct? This