ATC
INSURANCE SOLUTIONS

PROPOSAL FORM ➲

Aesthetic Plastic Surgery Protection

ATC Insurance Solutions Pty Ltd
Level 4, 451 Little Bourke Street
Melbourne VIC 3000
E: asaps@atcis.com.au
T: 03 9258 1777
ABN: 25 121 360 978
AFS Licence No. 305802

Call ATC for assistance on 03 9258 1777

Before answering any question, please read carefully the general disclosure requirements and declaration on the back page of this proposal form; which must be signed, dated and returned.

Every question must be answered fully and correctly by the Surgeon to be insured or on the Surgeon's behalf by the proposer. Email your completed form to **asaps@atcis.com.au**.

Surgeon's details

First name/s:_____   Last name:_____

Postal address: _____

Telephone:_____

Email address:_____

Australasian Society of Aesthetic Plastic Surgery (ASAPS) number? _____

Estimated number of plastic surgery procedures performed per year? _____

Level of Cover Required - Select One - Please refer to the Schedule of Benefits

Bronze ◯

Silver ◯

Gold ◯

Multi ◯

When do you require Cover to commence

From:_____/_____/_____

Need help

If you require assistance in completing the form or would like more information please do not hesitate to contact us.

ATC
INSURANCE SOLUTIONS

General Disclosure

Please carefully read the following important information before signing and dating the declaration.

Duty of Disclosure

Before You take out an insurance policy with Us, *the Insurance Contracts Act 1984* (Cth) requires You to tell Us every matter that is known to You that:

- You know to be a matter relevant to Our decision whether to accept the risk and, if so, on what terms, or
- a reasonable person in the circumstances could be expected to know to be a matter relevant to Our decision.

Therefore, before You enter (or renew, extend, vary or reinstate) an insurance policy with Us, You must:

- give Us complete and honest answers
- tell Us everything You know, and
- tell Us everything that a reasonable person in the circumstances could be expected to know.

Who needs to disclose?

You are answering questions on behalf of anyone You want to be covered by this insurance.

The duty of disclosure applies to You and everyone else insured by the Policy.

How long does the duty of disclosure last?

The duty to disclose continues right up to the commencement date or renewal date of the insurance.

What We do not need to be told

You do not need to tell Us about any matter that:

- diminishes Our risk
- is of common knowledge
- We know or, in the ordinary course of business, ought to know or
- We say We do not need to know.

Failure to disclose

We can reduce the amount We pay under this insurance for a claim or even cancel the insurance cover if You, or anyone else insured under the Policy, fail to comply with the duty of disclosure.

If a non-disclosure is fraudulent, We may avoid the Policy under *the Insurance Contracts Act 1984* (Cth), resulting in Us treating the Policy as if it never existed.

Privacy

In this statement "we", "us" and "our" means Lloyd's and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the Privacy Act 1988 (Cth), *the Privacy Amendment (Private Sector) Act 2000* (Cth) and *the Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth). This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at **www.atcis.com.au** or by contacting Us.

We, and Our agents, need to collect, use and disclose Your personal information in order to consider Your application for insurance and to provide the cover You have chosen, administer the insurance and assess any claim. You can choose not to provide Us with some of the details or all of Your personal information, but this may affect Our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about You from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents, insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (for example, from your representatives or co-insureds). If You provide information for another person, You represent to us that:

- You have the authority from them to do so and it is as if they provided it to Us
- You have made them aware that You will or may provide their personal information to Ys, the types of third parties

We may provide it to, the relevant purposes We and the third parties We disclose it to will use it for, and how they can access it. If it is sensitive information, We rely on You to have obtained their consent on these matters. If You have not done or will not do either of these things, You must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by Us by contacting ATC on (03) 9258 1777 or write to us at the address given on page one.

Declaration

I represent that the above statements and facts are true and that no material facts have been suppressed or misstated.

Furthermore, I

- have either completed all the questions on this form personally or they have been completed by someone else on my behalf and the answers have been checked for fullness and accuracy by me;
- have read and understood the information concerning the duty of disclosure and all other important notices;
- have received and read a full copy of the Product Disclosure Statement for this insurance with this proposal form.

Signed: _____

Full name: _____ Date: _____/_____/_____