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SIOPSA
SOCIETY FOR INDUSTRIAL & ORGANISATIONAL PSYCHOLOGY OF SA

ACCU-PROF Insurance Brokers
Short term, Commercial, Liability and Niche Insurance

Medical Malpractice / Professional Indemnity Proposal Form
Clinical, Educational, Neurological & Industrial Psychologists, Psychotherapists, Psychometrists & Counselling Psychologists

Full Name/s of Insured: _____

ID number of Insured: _____

Are you fully Qualified or a Student / Intern? ☐ Yes Fully Qualified ☐ No still a Student / Intern

Year Qualified: _____ Qualification: _____ University attended: _____

Any Post-Graduate Qualifications: _____

Are you a SIOPSA Member? ☐ Yes ☐ No (If yes, please provide proof of current membership)

What field of Psychology do you specialize in? _____

Has there ever been any conditions to, or revocation of, your membership? ☐ Yes ☐ No

Are you a registered practitioner in terms of HPCSA legislative requirements? ☐ Yes ☐ No (Number _____)

Physical Address _____

Contact Number Business: _____ Cell: _____

Email Address _____

Limit of Indemnity required: ☐ **R 2,500,000** ☐ **R 5,000,000** ☐ **R 10,000,000**

Are you in private practice: ☐ Yes ☐ No Are you employed by the Government: ☐ Yes ☐ No

Sole Practitioner: ☐ Yes ☐ No Partnership: ☐ Yes ☐ No

Current Employer/s (Practice name / Province): _____

Do you practice at more than one address? _____

List other addresses: _____

Indicate your approximate annual turnover derived from:
Private Practice: _____ and State Practice:_____

Have you had previous Medical Malpractice / Professional Indemnity Insurance? ☐ Yes ☐ No
Name of Previous Insurer: _____
The Insurance Period: _____
The Limits of Indemnity: _____

Medico-legal Work:

1. Do you undertake Medico-legal work? ☐ Yes ☐ No
   If yes, what percentage of your work involves Medico-legal work?
   Less than 25% ☐ 26% - 50% ☐ 51%-75% ☐ More than 75% ☐

2. Do you have service contracts or independence contracts in place? ☐ Yes ☐ No
   If yes, Please provide a template copy.
   If not, how is role, expected outcomes, deliverables and liability limited?

_____

_____

Coaching:

1. Are you currently undertaking coaching? ☐ Yes ☐ No
   If yes, please specify whether it is life coaching or executive coaching. _____
   If life coaching, please provide a copy of your certificate and details of training completed.

2. Do you have formal written agreements in place with your clients? ☐ Yes ☐ No
   If yes, please provide a copy of a standard agreement (with any confidential information redacted).

3. Do you hold any professional coaching accreditation? ☐ Yes ☐ No
   If yes, please provide details.

4. Approximately what percentage of your professional work is dedicated to coaching versus other psychology services?
   _____

5. Do you obtain informed consent from coaching clients outlining the nature, scope, and limitations of the service?
   ☐ Yes ☐ No

6. Are your coaching sessions conducted **in person**, **online**, or through a **hybrid** model? ☐ Yes ☐ No
   If conducted online, please complete Annexure

Online Therapy / Counselling / Coaching

Do you offer any form of **Online Therapy / Counselling / Coaching**? ☐ Yes ☐ No
(If Yes, please complete compulsory Annexure at the end of the proposal form **and** attach a copy of the Online Consent Form)

Has any application for this insurance ever been declined? ☐ Yes ☐ No
Have you ever had this insurance cancelled by the Insurer? ☐ Yes ☐ No
Have you ever required special terms on this kind of insurance? ☐ Yes ☐ No

If Yes to any of above, please give details:

_____

_____

_____

_____

Have you had any claims made against you, for the insurance now proposed in the past five (5) years?

☐ Yes ☐ No

If Yes, please provide details:

Date of Incident	Date of Claim	Amount Claimed	Amount Paid	Amount Outstanding	Details including nature of the allegations and the details of Claimant

Have you had any circumstance / complaint which may give rise to a claim being made against you?

☐ Yes ☐ No

If Yes, please provide details:

Date of Circumstance / Complaint	Details including nature of the complaint and details of the complainant

DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify Accu-Prof of such changes as soon as reasonably possible.

Full Name/s of Applicant: _____ Date: _____

Signature of Applicant: _____

Medical Malpractice: Annexure – Online Therapy / Counselling / Coaching

PLEASE READ BEFORE COMPLETING THIS DOCUMENT
Please answer ALL questions completely.
Should any question or part thereof not be applicable, please state "N/A".
Should insufficient space be provided, please continue your company letterhead.

1. Do you do undertake online therapy / counselling / assessments? ☐ Yes ☐ No

   If yes, please select the indicative percentage below:
   Less than 25% ☐ 26% - 50% ☐ 51%-75% ☐ More than 75% ☐

2. Do you do undertake online coaching? ☐ Yes ☐ No

   If yes, please select the indicative percentage below:
   Less than 25% ☐ 26% - 50% ☐ 51%-75% ☐ More than 75% ☐

3. Do you undertake online international work? ☐ Yes ☐ No

   If yes what percentage?
   Less than 25% ☐ 26% - 50% ☐ 51%-75% ☐ More than 75% ☐

   Which countries? _____

   Is your client domiciled in the above mentioned country/countries? _____

4. Do you declare and appropriately limit the nature and extent of your finding – given services are done online?

   ☐Yes ☐No

5. What means of online platforms are used? _____

6. Are sessions provided in English only? ☐ Yes ☐ No
   What processes are instituted if there is a language barrier? _____

7. Do you provide your patient with information pertaining to the sessions/ feedback sessions, including information about the nature and objectives of the services concerned? ☐ Yes ☐ No

8. Do you obtain informed consent to record interviews electronically or to transmit information electronically and do you inform the client of the risk of breach of privacy or confidentiality inherent in the electronic recording or transmission of information?
   ☐ Yes ☐ No

9. How is consent obtained? _____
   Copy of consent forms to be provided – Please attach

10. Do you work independently or via an international Organisation – if the latter we will need what controls of supervision etc. are in place (Note any services rendered in the USA / Canada / North America/ Australia is excluded)
    ☐ Yes ☐ No

11. Do you comply with the guidelines as set out by the HPCSA in respect of General Ethical Guidelines for Good Practice in Telehealth?
☐ Yes ☐ No

Privacy
In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Declaration
I/We, the undersigned, declare that the statements outlined in this annexure together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts. I/We agree that this annexure together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein. I/We further undertake that if the information provided changes between the date of this application and the inception of cover, I/We will notify Accuprof of such changes as soon as reasonably possible.

Name (duly authorised): _____

Designation: _____

Date: _____

Signature of Applicant: _____