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## **MEDICAL MALPRACTICE ADDENDUM**

## 1.Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
New Zealand	\$	\$	\$
Excluding USA/Canada)	\$	\$	\$
Including USA/Canada)	\$	\$	\$
Total	\$	\$	\$

## 2. Number of full-time equivalent staff by category:

Surgeons	Midwives	
Doctors	Nurse Anaesthetists	
Anaesthetists	Attendant Carers	
Dentists	Dental Technicians	
Interns	Undergraduate or student staff	
Medical Imaging technicians	Other Medical, Health or allied employees (please specify below)	
Laboratory technicians	Clerical / Administrative	
Pharmacists	Other Sta (please specify below)	
Registered Nurses	Total	

## 3. Please provide patient percentages in the following categories:

Patient Category	%	Patient Category	%
Audiology		Optometry	
Acupuncture		Oral and Maxillofacial Surgical	
Allied Health Therapy (please specify below)		Paediatrics	
Casualty / Emergency		Palliative	
Chiropractic		Pathology	
Day Surgery		Physiotherapy	

Drug / Alcohol Dependency or Rehabilitation  Elective Cosmetic  General Dental and Orthodontics  General / Medical		Psychiatric	
General Dental and Orthodontics			
Orthodontics		Radiology / Medical Imaging	
General / Medical		Senile or Aged	
		Speech Pathology	
Gynaecological		Podiatry Surgical (Minor)	
IVF / Fertility		Surgical (Major)	
Obstetrics / Maternity		Other (please specify below)	
		Total	100%
Category Number of Beds	Number	Category Number of Beds	Number
Category Number of Beds Intensive Care	Number	Category Number of Beds  Other Hospital Beds	Number
Emergency / Casualty		Nursing Home Beds	
Day Surgery		Self-Care Units	
		Other (please specify	
Maternity			
Maternity Children's Ward		below)	

Does the Insured hold any licence or accreditation which is required in o ctivities for which cover is requested?	rder to provide professional services or
	n has heen in force at all relevant times?
	Thas been in force at an felevant times:
Yes No If No, please provide details	
DECLARATION	
ease Note: Signing the Declaration does not bind either the proposed Ins surance whatsoever.	sured or the Insurer to execute this or any
Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	1 1

