

Section 1 – Details of the insured

1. Names of all entities to be insured

ABN

2. Please provide a list of all employed medical practitioners and specialists, their medical specialty and AHPRA registration number.

Name of Practitioner	Medical Specialty / Specialty Field	AHPRA Registration Number

Signed

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Name of Partner(s) or Director(s)

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On behalf of*

	* Insert name of firm
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Date

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If completing electronically, print out the completed form and attach a manual signature