



## IMPORTANT NOTICES

Important Notice Regarding Completion of This Application Form

### 1. Disclosure

#### *Your Duty of Disclosure*

**You must be aware of the duty of disclosure in relation to your insurance and the severe consequences of a breach**

Insurance contracts are contracts of good faith. This requires you, as buyer of insurance, to disclose all information which is known to you (or which ought to be known to you) in the ordinary course of business and which is material to the risk. Material information are information which a prudent insurer would wish to take into account when considering whether or not to insure the risk at all and, if so, upon what terms and at what price. Material information does not necessarily have to actually increase the risk of the insurance under consideration.

In completing an application form or claim form or questionnaire; and in providing information to or for insurers, the accuracy and completeness of all answers, statements, declarations and/or information is your responsibility and it is of paramount importance that all relevant information is provided and that it is accurate. If you become aware that information that you have supplied before the insurance was finalised was incorrect or has been omitted, you should inform us immediately.

In the event that there is a breach of the duty of disclosure, such as information provided was incorrect or that information was not provided at all, the insurer has the right to cancel the insurance from its commencement. This means the insurer would be entitled to refuse to pay any claims reported and to recover from you any claims already paid under the policy. Although at the same time the insurer would generally be obliged to return paid premium (in the absence of dishonest conduct).

Examples of material information (not exhaustive) which must be disclosed are:

- Any previous complaints or claims with full details
- Any change in professional services

**If you are in any doubt as to the ambit of the duty of disclosure or whether a piece of information ought to be disclosed, please do not hesitate to contact us.**

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Web: [www.lockton-asia.com](http://www.lockton-asia.com)

Licensed Insurance Broker Company (Licence No. FB1055)

## 2. Claims Made Policy

This Proposal Form is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of insurance. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of insurance even though the event giving rise to the claim may have occurred during the period of insurance;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- facts or circumstances of which you first became aware prior to the period of insurance, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of insurance or on any previous Proposal Form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of insurance, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of insurance.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this Proposal Form.

## 3. Basis of the Insurance Contract

This Proposal Form shall be the basis of the insurance contract should a Policy be issued. Answers are required for each question in this Proposal Form. Proposal Form containing unanswered questions or blank answers will not be accepted.

If there is not enough space on this Proposal Form to complete any of your answers, please continue them on another piece of paper then attach the paper to this Proposal Form.

## Medical Practitioner Professional Indemnity Application Form

**Referred by:**

### 1. Personal details

Intended Start Date of Policy:		Retroactive Date:
Title	Given name	Surname
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	Email
Primary Practice Address		Telephone
		Mobile
		Fax
		Are you a practice owner Yes <input type="checkbox"/> No <input type="checkbox"/>

### 2. Qualifications

Qualification(s)	Institution
Year obtained	Country Obtained

### 3. Post Graduate Qualifications

College	Year fellowship obtained
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### 4. Registration Details

- 4.1 Are you working on a visa whilst in Hong Kong? Yes  No   
 If **YES** please attach a copy of the visa
- 4.2 Medical Council of Hong Kong Registration number \_\_\_\_\_
- 4.3 Year first registered in Hong Kong \_\_\_\_\_
- 4.4 Have you ever practiced under a different name? Yes  No
- 4.5 Have you ever been refused registration, been suspended or deregistered  
 in any country (including voluntarily relinquishing your registration?) Yes  No
- 4.6 Have you ever had any conditions, limitations, notations, reprimands or  
 undertakings imposed on your registration in any country (anything that  
 would be considered an adverse decision to having standard registration)? Yes  No

\*If you answered **YES** to either 4.4, 4.5 or 4.6 please provide further information on a separate sheet as an appendix\*

**5. Medical Practice Information**

5.1 In what Healthcare Services specialisation do you practice in?

\_\_\_\_\_

5.2 Years in private practice?

\_\_\_\_\_

5.3 Do you undertake any procedures/medical services usually considered to be outside of your specialisation?

Yes  No

5.4 Do you intend to practice in numerous Healthcare Service specialisations in the next 12 months?

Yes  No

5.5 Do you currently, or have you ever performed cosmetic procedures under the Healthcare Services specialisation(s) you have selected

Yes  No

5.6 Have you practiced in another specialisation in the last 5 years?

Yes  No

\*If you answered **YES** to either 5.3, 5.4, 5.5 or 5.6, please provide further information on a separate sheet as an appendix\*

5.7 State the number of people employed and in what capacity

People employed: \_\_\_\_\_

In what capacity: \_\_\_\_\_

**6. Insurance History**

6.1 Have you ever held medical or professional indemnity insurance in the past?

Yes  No

6.2 Has any application for or renewal of medical or professional indemnity insurance ever been declined or cancelled, had a loading, deductible or special condition placed on your policy or have you ever been provided a policy with a reduced level of cover?

Yes  No

### 7. Claims Experience

- 7.1 Have you ever been involved in an inquiry, investigation, complaint, coronial inquest in relation to your conduct as a provider of healthcare services? Yes  No
- 7.2 Have you (or a healthcare providing organisation for whom you have worked) ever been involved in any claims, demands, suits or legal actions which have arisen out of your provision of healthcare? Yes  No
- 7.3 Is there any circumstance or situation, past or present, which you are aware of or should reasonably be aware of that relates to your provision of healthcare that is likely to give rise to any claim that would be covered under this policy? Yes  No

\*If you answered **YES** to any of the above please provide further information on a separate sheet as an appendix.\*

**Note: Any claims and circumstances which might give rise to a claim(s) or proceedings after you have sent us this Application Form must be reported to us as soon as possible.**

### 8. Limit of Indemnity

8.1 Limit of Indemnity required:

- HKD10,000,000  HKD20,000,000  Other, please specify: \_\_\_\_\_

Do you require a reinstatement of your limit for an additional premium of 10%? Yes  No

### 9. Optional Question (Premium may improve if the following information can be provided)

9.1 Please advise your annual estimated income and patient numbers for the next 12 months and the previous 12 months.	Estimated Income	Estimated Patients
Next 12 months		
Past 12 months		

9.2 Please advise the average hours worked per week? \_\_\_\_\_

## DECLARATION

### DATA PROTECTION

By signing this proposal form you consent to us using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjustors or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in private and confidential.

### TERMS OF BUSINESS

Lockton is an insurance broker registered with the Hong Kong Confederation of Insurance Brokers ("CIB"). You may check our details on the CIB website [www.hkcib.org](http://www.hkcib.org) (Ref: 0095). We shall provide our services in accordance with the terms of our Business Principles a copy of which may be downloaded from our website [www.lockton-asia.com](http://www.lockton-asia.com).

### REMUNERATION DISCLOSURE

Lockton Companies (Hong Kong) Ltd ("the Company") is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.

### DECLARATION

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or misstated any material facts which may be relevant to Insurer's consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

Print Name:

Signature:

Date:

### **USE OF PERSONAL INFORMATION FOR DIRECT MARKETING (Optional)**

We intend to use the personal information collected in the course of the provision of our services including name and contact details for conducting direct marketing activities in relation to insurance and/or risk consulting, wealth management and employees' benefits services offered by us. We also intend to transfer your personal information to our affiliates in Hong Kong for sending you promotional materials and conducting direct marketing activities in relation to insurance, wealth management, employees' benefits services offered by them.

Please sign at the end of this statement to indicate your agreement to such use. Should you find such use of the personal information not acceptable, please indicate your objection before signing by ticking the box below.

I object to the proposed use or transfer of my personal information in direct marketing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

You have a right under the Personal Data (Privacy) Ordinance to make a data access or correction request concerning your personal information held by us. You may make such a request by writing to our Data Access Officer at 16/F, Bershire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong and completing a Data Access Request Form specified by the Privacy Commissioner for Personal Data which can be downloaded from [www.pcpd.org.hk](http://www.pcpd.org.hk).