



Professional Indemnity Insurance

Proposal Form – Paramedical Profession

IMPORTANT FACTS RELATING TO THIS PROPOSAL

You should read the following advice before proceeding to complete this proposal

1. Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

2. This Professional Indemnity Insurance Policy is issued on a claims made and notified basis

This means that the policy responds to claims first made against you during the policy period and notified to the insurer during that policy period.

The policy does not respond to any claim arising out of facts or circumstances of which you were aware at any time prior to the policy period which would have put a reasonable person in your position on notice that a claim may be made against you. (Some cover may be available under the Continuous Cover extension for innocent non-disclosure of facts and circumstances – but only if you are continuously insured under a professional indemnity policy issued by Allied World Assurance Company, Ltd from the time when you first become aware of such facts or circumstances to the time when you notify a claim arising from those facts and circumstances to Allied World Assurance Company, Ltd).

The policy does not respond to any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where a retroactive date is specified in the policy terms which are offered to you.

Once the policy period has expired, no notification of claims or facts or circumstances can be made on the policy even though:

- (i) the event giving rise to the claim against you may have occurred during the policy period
- (ii) you may have first become aware of the facts or circumstances giving rise to the claim during the policy period.

3. Completing Your Proposal

When completing your proposal you are obliged to report and provide full details of all facts or circumstances which have become known to you and which would put a reasonable person in your position on notice that a claim may be made against you.

This is important so as to ensure:

- (i) if you are currently insured with Allied World Assurance Company, Ltd, and you notify such facts or circumstances prior to the expiry of the policy, that you are covered under your current policy in respect of any claim arising out of those facts or circumstances; and
- (ii) that you make proper disclosure (refer 'Duty of Disclosure' pursuant to the Insurance Contracts Act) in order that your entitlement to full indemnity under your new policy is not placed in jeopardy.



PROFESSIONAL INDEMNITY INSURANCE

PROPOSAL FORM FOR PARAMEDICAL PROFESSION

Note:

- Please answer ALL questions and tick boxes whenever appropriate. If there is insufficient space, please provide details on separate sheet and attach to this proposal form.

GENERAL DETAILS

1. Full Name of Paramedical Practice (Hereinafter referred to as "The Proposer")

2. Full Name of Owner(s)

3. Address(es) of Premise(s) of Paramedical Service Unit(s)

4. Date of establishment of the Practice

DD/MM/YYYY

5. Is The Proposer duly licensed in accordance with law to practice at the address(es) specified in Question 3?

Y / N

6. Description of The Proposer's paramedical services provided

PRACTICE DETAILS

7. Please state the amount of gross annual fee income for the following:

- a. current financial year
- b. last financial year
- c. previous financial year

HK\$
HK\$
HK\$

8. Please state the approximate division of The Proposer's patients between:

	Patient Group	%		Patient Group	%
a	General		h	Paediatric	
b	Medical		i	Communicable	
c	Surgical		j	Senile or Aged	
d	Tubercular		k	Insane	
e	Mental Health		l	Drug Addicts	
f	Oncology		m	Alcoholics	
g	Obstetrics / Maternity		n	Others (Please specify:)	

9. Please state the number of beds maintained in the following categories:

	Category	No. of Beds
a	Hostels for the elderly	
b	Homes for the aged	
c	Care and attention home	
d	Nursing home	
e	Halfway house	
f	Others (Please specify:)	
	Total	

10. Please state the number of clients / out-patients annually:

	Patient Group	No. of Clients
a	Day care centers	
b	Enhanced home care and community services	
c	Dental clinic	
d	Medical clinic	
e	Chinese medicine clinic	
f	Clinical psychology service	
g	Vocational training centers	
h	Sheltered workshops	
i	Adult education service	
j	Speech therapy	
k	Job training and employment service	
l	On the job training service	
m	Counseling and social programme	
n	Others (Please specify:)	
	Total	

11. Please state total number of employees in each of the following classifications:

	Type of Work	No.		Type of Work	No.
a	Surgeon		h	Speech Therapist	
b	Doctor		i	Occupational Therapist	
c	Intern		j	Registered Nurse / Enrolled Nurse	
d	X-ray Technician		k	Social Worker	
e	Laboratory Technician		l	Undergraduate of student staff	
f	Pharmacist		m	Others (Please specify:)	
g	Physiotherapist		n	Registered Chinese Medicine Practitioner	
				Total	

12. State the approximate percentage of gross fees for the last financial year (if the practice is newly established, state estimated percentage for the forthcoming year) in respect of

	Category	Allocation of Fee Income			Category	Allocation of Fee Income	
a	Nursing Home		%	n	Osteopaths		%
b	Hostel Units		%	o	Physicians		%
c	Supporting Units		%	p	Physiotherapist		%
d	Independent Living Units		%	q	Podiatrists		%
e	Acupuncturist		%	r	Psychologist		%
f	Audiologist/Audiometrists		%	s	Speech Therapy		%
g	Beautician/Hairdresser (Directors)		%	t	Radiologists (Nurse, Assistant or Radiotherapist)		%
h	Beautician/Hairdresser (Employee)		%	u	Registered Social Worker		%
i	Chiropractors		%	v	Nursing Assistant		%
j	Chiropodist		%	w	Nutritionist		%
k	Nurse		%	x	Professional Service Supporting staff (drug dispensing staff)		%
l	Naturopaths		%	y	Other supporting staff		%
m	Opticians		%		Total		%

CLAIMS DETAILS

13. Has any claims or suits for Malpractice or Negligence been made against The Proposer?

Y / N

If yes, please give details separately of the circumstances of each incident including any amount paid and the estimated potential cost of the incident.



14. Is The Proposer, after enquiry, aware of any circumstances which might give rise to a claim against The Proposer?

Y / N

If yes, please give details:

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INSURANCE DETAILS

15. Does The Proposer hold any Professional Indemnity, Medical Malpractice &/or Public Liability Insurance?

Y / N

If yes, please give details:

Type of Insurance	Period of Insurance	Limit of Indemnity	Amount of Excess	Insurer

16. Has any insurance company in respect of the risks to which this proposal relates ever

a. declined a proposal, refused renewal or terminated an insurance?

Y / N

b. required an increased premium or imposed special conditions?

Y / N

If yes in either case, please give details:

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17. Application of Insurance Cover

a. Limit of Indemnity Required

b. Amount of Deductible / Excess

HK\$
HK\$



DECLARATION

I / We warrant that the above statements made by me / us or my / our behalf are true and complete and I / We agree that this proposal together with any other information supplied shall be the basis of and are considered as incorporated within the policy between me / us and the Company. I / We agree to accept a policy in the Company's usual form for this class of insurance.

Signature

Date

On behalf of (insert name of The Company)

IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit <https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> or contact: (852) 2968 3000.

Personal Information Collection Statement

Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.