

MEDICAL MALPRACTICE INSURANCE FOR VETERINARY CLINIC

Application Form

Global Professional and Financial Risks A division of Lockton Companies (Hong Kong) Ltd



IMPORTANT NOTICES TO APPLICANTS

1. This is an application for insurance which contains several insuring agreements. Certain insuring agreements provide coverage on a "**claims made and reported**" or on an "**incident discovered and reported**" basis. The insurance to which this application applies, only applies to such claims or incidents which are first made against or discovered by the insured and reported to insurers during the period of insurance or any applicable extended reporting period.
2. **LOCKTON'S BUSINESS PRINCIPLES:**

In the absence of a more specific agreement between you and Lockton, your relationship with Lockton will be governed by our Business Principles. Our Business Principles may be amended by us without notice to you and the prevailing version of our Business Principles, as posted on our web site from time to time supersedes any previous version of Our Business Principles. We would urge you to read our Business Principles carefully. If you do not wish our relationship to be governed in such a manner, please advise us in writing before we proceed to arrange your insurance.
3. **YOUR DUTY TO DISCLOSE MATERIAL INFORMATION:**

Under the law, **you have a duty to disclose** to the insurer all material information relating to the insurance under consideration and all information you provide must be both complete and accurate. "Material" refers to all information, which a prudent insurer would wish to take into account when considering whether or not to accept the insurance and, if so, upon what terms and at what price. If there are any changes to the information you have supplied to the insurer you must also disclose that as your duty continues up until the insurance has been concluded and "resurrects" in the event of any amendment to the insurance during the period of insurance or any extension or renewal. In the event that there is a breach of the duty of disclosure, the Insurer has the right to avoid the insurance from its commencement. **If you are in any doubts as to the ambit of the duty of disclosure or whether a piece of information ought to be disclosed, please contact us.**
4. **REMUNERATION DISCLOSURE:**

Unless we have specifically agreed with you on the manner in which we will be remunerated for our services, the following statement shall apply to each and every insurance transaction we handle on your behalf: "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."



DETAIL OF APPLICANT

1. Full name of business/entity ("Proposer")

2. Address:

3. Please list the address(es) of your branch offices or other locations (if applicable).

4. Tel:

Fax:

E-mail Address:

Web Address:

5. Date of Established:

6. Please state the nature of your profession/business including full details of activities undertaken and any intended change in the profession/business

7. Please state the name of each registered veterinary practitioner & their registered no. on List of Registered Veterinary Surgeons with Valid Practicing Certificates of Hong Kong

Name

Registered no.

8. Please provide breakdown of employees number, e.g. vets, nurse, partners, admins, etc.



MATERIAL INFORMATION

	Yes	No
1. Has the business/entity been established for more than 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
2. What is your income fee?		
3. Please provide an approximate breakdown of your income fee between consultation fees versus prescription of medications & goods by percentage (%) Consultation Fees: _____ Goods/Products: _____		
4. The business/entity gross turnover is less than HKD 4.5 m	<input type="checkbox"/>	<input type="checkbox"/>
5. All principals of the business/entity have relevant registered/professional qualifications	<input type="checkbox"/>	<input type="checkbox"/>
6. Has there been any treatments on any one animal that exceeded HKD 200,000 or more in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>

INSURANCE HISTORY

	Yes	No										
1. Does the Proposer hold any Professional Indemnity insurance?	<input type="checkbox"/>	<input type="checkbox"/>										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Period of Insurance</th> <th style="width:25%;">Insurer</th> <th style="width:20%;">Policy Limit (HKD)</th> <th style="width:15%;">Excess(HKD)</th> <th style="width:20%;">Retroactive date</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Period of Insurance	Insurer	Policy Limit (HKD)	Excess(HKD)	Retroactive date							
Period of Insurance	Insurer	Policy Limit (HKD)	Excess(HKD)	Retroactive date								
2. Have you ever had any application for medical malpractice insurance refused, or had any medical malpractice insurance coverage rescinded or cancelled?	<input type="checkbox"/>	<input type="checkbox"/>										
If Yes, please provide brief details below or on a separate sheet, noting the Section number.												

CLAIM EXPERIENCE

	Yes	No
1. Have you or any person employed by you ever been subject to disciplinary proceedings for professional misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have any claims for negligence or breach of professional duty ever been made against or any person you employed, or have circumstances been notified to insurers/veterinary surgeons board of Hong Kong that might give rise to a professional liability claim?	<input type="checkbox"/>	<input type="checkbox"/>



3. Are you aware of any claim or circumstances that might give rise to a professional liability claim against the Proposer which matter is not referred to question above?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the proposer ever been refused enrollment/renewal, or been offered limited/conditional/ special terms, or been required increased rate/premium by any medical professional society/association or insurer?	<input type="checkbox"/>	<input type="checkbox"/>

If you had answered Yes to any of the questions in this section, please provide full details and the status of each claim, lawsuit, allegation or matter, including:

- the date of the claim, suit or allegation
- the date you notified your previous insurers
- the name of the claimant(s) and the establishment(s)
- the allegations made against you
- the amount claimed by the claimant(s)
- whether the status is outstanding or finalized
- the amounts paid for claims and defence costs to date

APPLICATION FOR INSURANCE COVER

1. Options (Please indicate required limit / excess)					
<input type="checkbox"/> HKD 5 Million	<input type="checkbox"/> HKD 10 Million	<input type="checkbox"/> HKD 25 Million	<input type="checkbox"/> Other:	<input type="checkbox"/> Excess:	
				Yes	No
2. Are you requesting cover for Fraud & Dishonesty?				<input type="checkbox"/>	<input type="checkbox"/>
3. Are you requesting cover for Principals' Previous Business?				<input type="checkbox"/>	<input type="checkbox"/>

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.



DECLARATION

The undersigned authorized representative of the Applicant declares that the statements set forth herein are true. The signing of this application does not bind the undersigned or the insurer to complete the insurance. It is represented that the statements contained in this application and the materials submitted herewith are the basis of the contract should a policy be issued and have been relied upon by the insurer in issuing any policy. The insurer is authorized to make any investigation and inquiry in connection with this application as is reasonable and necessary. Nothing contained herein or incorporated herein by reference shall constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.

This application and materials submitted with it shall be retained on file with the insurer and shall be deemed attached to and become part of the policy if issued. It is agreed in the event there is any material change in the answers to the questions contained in this application prior to the effective date of the policy, the Applicant will notify the Insurer in writing and any outstanding quotations may be modified or withdrawn at the insurer's discretion.

Must be signed by a corporate officer with authority to sign on the Applicant's behalf.

Signed:

Print Name:

Title:

Date:
