

# MEDICAL MALPRACTICE INSURANCE FOR PRACTITIONERS

## 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 (Singapore) Pte 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."



## I. DETAIL OF APPLICANT

Full Names						
Date of Birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Address:						
E-mail Address:		Tel:				
					<b>Yes</b>	<b>No</b>
1. Are you duly licensed to practice at the address(es) specified?					<input type="checkbox"/>	<input type="checkbox"/>
2. Please indicate your qualifications.						
Institution		Degree of Qualification			Year Obtained	
3. Please provide the details of your registration below						
Licensing / Registration Body:						
Registration Number:		Registration Type:				
Registration Date:		Date of first Registration:				
4. Other Registration Details (where applicable).						
5. Please list any medical societies & associations you are a member of.						
					<b>Yes</b>	<b>No</b>
Have you ever had any of the above declared in questions 3, 4 and 5 refused, suspended, withdrawn or had conditions imposed at any time? If Yes, please provide details on a separate sheet, noting the Section number.					<input type="checkbox"/>	<input type="checkbox"/>



## II. DETAIL OF HEALTHCARE SERVICE

1. Please indicate your classification and volume of work performed below:

Specialization	%	Specialization	%
<b>Doctor</b>			
Anaesthesiology		General Practitioner	
Cardiology		Ophthalmology (including LASIK & laser)	
Dermatology		Paediatrics (no surgery)	
Dentist – Cosmetic Dentistry		Psychiatry	
Dentist - Employer Indemnified		Radiology	
Dentist – Endodontist / Periodontist / Prosthodontist		Other (please specify):	
Dentist – General Dentistry		<b>Total</b>	<b>100%</b>
<b>Surgeon</b>			
Bariatric Surgery		Oncology	
Cardiothoracic Surgery		Oral Maxillofacial Surgery	
Ear / Nose / Throat		Orthopaedic Surgery	
General Surgery		Paediatric Surgery	
Gynaecology		Plastic Surgery (elective / cosmetic)	
Hand Surgery		Plastic Surgery (reconstructive)	
Neurosurgery		Other (please specify):	
Obstetrics / maternity		<b>Total</b>	<b>100%</b>
<b>Allied Health &amp; Ancillary Staff</b>			
Counsellor		Optometrist	
Chinese Medicine Practitioner		Osteopath	
Chiropractor		Pharmacist	
Dental Assistants - Therapist, Hygienist, Technician		Physiotherapist	
Diagnostic Radiographer		Podiatrist	
Healthcare Assistant / Worker		Psychologist	
Massage Therapist		Therapist Aide	
Midwife		Other (please specify):	
Nurse			
Occupational Therapist		<b>Total</b>	<b>100%</b>



2. Please provide details of your income and patient numbers:				
Year	Income			Number of Patients
Current Year (Estimate)	HKD			
Past Year	HKD			
				<b>Yes</b>
				<b>No</b>
3. Do you provide healthcare services in your host country only?				
				<input type="checkbox"/>
				<input type="checkbox"/>
If No, please provide the breakdown of overseas services below:				
Year	Country	Income		Number of patients
Current Year (Estimate)		HKD		
Past Year		HKD		

III. RISK MANAGEMENT					
				<b>Yes</b>	<b>No</b>
1. Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedure?					
				<input type="checkbox"/>	<input type="checkbox"/>
2. Is informed consent obtained from each patient and documented in their medical record?					
				<input type="checkbox"/>	<input type="checkbox"/>
If No, how often is informed consent obtained?					
3. Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/standards applying to your industry?					
				<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a written procedure for the reporting of incidents and adverse events?					
				<input type="checkbox"/>	<input type="checkbox"/>

IV. INSURANCE HISTORY					
				<b>Yes</b>	<b>No</b>
1. Do you currently have medical malpractice? If Yes, please provide details.					
				<input type="checkbox"/>	<input type="checkbox"/>
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 coverage rescinded or cancelled? If Yes, please provide brief details on a separate sheet, noting the Section number.					
				<input type="checkbox"/>	<input type="checkbox"/>

V. CLAIM EXPERIENCE		
		<b>Yes</b>
		<b>No</b>
1. Have any claims ever been made, or lawsuits been brought against you?		
		<input type="checkbox"/>
		<input type="checkbox"/>



2. Are you aware of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been the subject of a criminal investigation or had criminal charges brought against you? For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences.	<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

## VI. 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:	
2. Retroactive Date					
				<b>Yes</b>	<b>No</b>
3. Are you requesting cover for Cyber and Privacy Infringement Liability?				<input type="checkbox"/>	<input type="checkbox"/>

## VII. 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:** \_\_\_\_\_