

# Loss of Income

## *Proposal form – New Applicant*

Arranged by: Lockton Companies (Hong Kong) Limited

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### IMPORTANT NOTICES TO APPLICANTS

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.

#### **LOCKTON'S BUSINESS PRINCIPLES:**

The provision of our services shall be subject to the terms and conditions set out in our Terms of Business a copy of which may be obtained from our website at <https://www.locktoninternational.com/>. 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.

#### **YOUR DUTY TO DISCLOSE MATERIAL INFORMATION:**

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.
- Any previous claims with full details.

**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.**

#### **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."

**A. Information of Applicant** (please tick (✓) appropriate box to indicate answer)

**FOR NEW APPLICANT - STRICTLY CONFIDENTIAL**

i) Name of Applicant

ii) Is Applicant duly licensed in accordance with law to practice in Hong Kong? Yes  No

iii) Dental Council Registration Number:

Please visit <https://www.dchk.org.hk/en/list/list.htm> if you are unsure about your number

iv) Correspondence Address

Telephone No.:

Email Address:

v) Are you self-employed? Yes  No

vi) What is your gender? Male  Female

vii) Date of birth:

viii) Gross Annual Income:

ix) Have you ever made an application for accident, sickness, disability, hospital or life insurance which has/have been declined, postponed or withdrawn; or has any policy or certificate of such insurance issued to them been modified, rated up, cancelled or renewal refused? Yes  No

x) Have you ever made any claims for accident, sickness, disability, hospital, or life insurance in the last 3 years, and in what amount were the claims settled? Yes  No

xi) Do you have any physical defects, impairment, deformities and/or conditions affecting mobility, sight and/or hearing? Yes  No

**If "yes" to any questions in Part C, please provide details in a separate sheet of paper**

**Note:**

- 1) Loss of Income is only applicable to Hong Kong registered license
- 2) Applicant must be between 18 to 65 years old

- 3) Accidental Death and Disablement -- If during the period of insurance you sustain an injury that shall within 12 months from the date of accident result in death or disablement as listed under the above compensation table 1, we shall pay you a benefit in accordance with the percentage of sum insured stated in such table.
- 4) Burns Benefit -- If during the period of insurance you sustain an injury as a result of an accident and are diagnosed by a registered medical practitioner to have suffered any of the burn events listed under the above compensation table 2, we shall pay you a benefit in accordance with the percentage of sum insured for the burn events stated in such table.
- 5) Disability Income Benefit -- If during the period of insurance you sustain injury or suffer from the sickness listed above and become totally disabled, we shall pay you a monthly benefit based on a percentage of your monthly earnings following the waiting period up to the sum insured and maximum benefit period stated in the schedule of benefits.
- 6) Household Utilities Expenses -- If during the period of insurance you sustain injury or suffer from sickness listed above and become totally disabled, provided the above disability income benefit is payable, We shall also reimburse you in respect of your household utilities expenses up to the sum insured stated in the schedule of benefits.
- 7) Care Assistance Benefit -- If during the period of insurance you sustain injury or suffer from sickness list above and become totally disabled, provided the above disability income benefit is payable, we shall also reimburse you in respect of a monthly salary for the employment of a household assistant up to the sum insured stated in the schedule of benefits.

### C. Declaration

I, the undersigned, am the proposed Insured Person, declare as follows:

1. I have read and understood the Notice to the Proposed Insured on the front of the Proposal Form.
2. I have read the Proposal Form, and acknowledge the contents therein to be true and complete.
3. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Insurer of any change in the particulars or statements contained in the Proposal Form.

Although the signing of this Proposal Form does not bind the Applicant to effect insurance, the Applicant acknowledge that the particulars and statements contained in the Proposal Form shall be the basis of the insurance contract should a Policy be issued; and further, the Applicant acknowledge that the Proposal Form will be incorporated in the Policy.

Name of Applicant:

Signature:

Dated:

**For any enquiries, please contact Ms. Karina Li (2250 2807) / Ms. Nicole Wai (2250 2673) or email [dentalprotect@asia.lockton.com](mailto:dentalprotect@asia.lockton.com)**