

Vetprotect - For Hong Kong Veterinary Association Professional Indemnity Insurance

Proposal form - (for individual vet)

Arranged by: Lockton Companies (Hong Kong) Limited

NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

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.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your Proposal Form.

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.

STRICTLY PRIVATE AND CONFIDENTIAL

I. General Details

1. Name of Applicant		
2. HKVA Membership No.		
3. Is Applicant duly licensed in accordance with law to practice in Hong Kong?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Do you only practice in Hong Kong? If no, please state other regions:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. First year registered as a vet:		
6. Correspondence Address:		
Telephone No.:	Email Address:	
7. Is your annual income (after overhead and expenses) more than HKD3,000,000? If yes, please provide an approximate on your annual income:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Please provide an approximate breakdown of your income fee between consultation fees versus prescription of medications & goods by percentage (%)		
Consultation Fees:	Goods/Products:	
9. Has Applicant previously been insured/covered by any insurer? If Yes, please fill in the following table	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Insurer	Period of insurance / cover	Limit of indemnity / cover (please state currency)

II. Application for Cover

10. Period of Insurance being applied:	From:	To:
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11. Enrollment

Limit of Liability Required

HKD 3,000,000 HKD 5,000,000

Note: Any services directly or indirectly related to Equine and bloodstock is excluded from coverage

III. Claims Details

<p>12. Have you ever been subject to disciplinary proceedings for professional misconduct?</p> <p>If yes, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>13. Have any claims for negligence or breach of professional duty ever been made against you, or have circumstances been notified to insurers/veterinary surgeons board of Hong Kong that might give rise to a professional liability claim?</p> <p>If yes, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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<p>14. Are you aware of any claim or circumstances that might give rise to a professional liability claim against you which matter is not referred to in Question (13) above? If yes, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>15. Have you 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? If yes, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

**** If Yes to any of the questions above, please provide full details in respect of each matter on a separate sheet. Insurer reserves the right to impose any special terms or decide whether the insurance to be offered or not.**

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 adjusters 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

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:

Date:

Please email this form to vetprotect@asia.lockton.com for further processing.