QBE SPECIALIST INSURANCE SOLUTIONS

QBE Professional Indemnity Insurance

for Medical Malpractice – Miscellaneous Medical Risks

SPECIALIST PROPOSAL

Contents

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SPECIALIST PROPOSAL

A. NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

Your 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 which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

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.

2. Claims Made Policy

This proposal 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 cover. 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 cover even though the event giving rise to the claim may have occurred during the period of cover;
- 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 cover;
- facts or circumstances of which you first became aware prior to the period of cover, 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 cover 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 cover, 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 cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

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IMPORTANT

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

B. DETAILS OF APPLICANT

1. Full name of all entities to be insured (including service, administrative or nominee companies and **subsidiaries** that you wish to be covered by this policy):

   (Hereinafter the applicant will be referred to as "You" or "Your")

   .....

   .....

2. Your Principal Address:

   .....

   .....

3. Address(es) of branch offices or other locations.

   .....

   .....

4. Date on which the Practice was established: ____/____/____

5. Please supply the following details:

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practices
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

6. Please supply total numbers of:

(a) Partners/principals/directors	.....	(e) Non-technical administrative staff	.....
(b) Qualified Staff	.....	(f) Clerical staff	.....
(c) Other technical staff	.....	(g) Other staff (please specify)	.....
(d) Trainee staff	.....	**TOTAL OF ALL STAFF**	.....

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For Sole Proprietors Only - Questions 7. and 8.

7. State the experience of your assistants and their length of service.

.....

.....

8. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?

.....

.....

C. DETAILS OF PRACTICE

1. 1.1 Has the name of the practice ever been changed? YES ☐ NO ☐

   1.2 Has any other practice or business amalgamated or merged with you? YES ☐ NO ☐

   1.3 Have you purchased any other practice or business? YES ☐ NO ☐

   If you have answered YES to either part C.1.1.1, C.1.1.2 or C.1.1.3, please supply details.

.....

.....

2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business? YES ☐ NO ☐

   If you have answered YES please supply details.

.....

.....

3. Please list the professional bodies or associations to which the Applicant belongs.

.....

.....

.....

4. Please detail the approximate percentage of your fee income derived from the following fields of work:

Type of Work		Type of Work	
(a) Acupuncture	..... %	(l) Chiropractic	..... %
(b) Audiology / audiometrics	..... %	(m) Massage	..... %
(c) Optometry	..... %	(n) Nutrition / dietetics	..... %
(d) Beauty Therapy / aesthetics	..... %	(o) Pathology	..... %
(e) Hair and scalp treatment	..... %	(p) Clinic research	..... %
(f) Chiropody	..... %	(q) Physiotherapy	..... %
(g) Podiatry	..... %	(r) Psychology	..... %
(h) Chemical / pharmaceutical	..... %	(s) Speech therapy	..... %
(i) Dentistry / orthodontics	..... %	(t) Occupational therapy	..... %
(j) Home nursing	..... %	(u) Naturopathy	..... %
(k) Osteopathy	..... %	(v) Other (complete question 5)	..... %
		TOTAL	**100%**

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5. Complete if applicable (refer Question 4. above)

5.1 Please provide details of the precise nature of activities or business.

.....

.....

5.2 Please categorise the activities or business outlined in Question 5.5.1 above and indicate the approximate percentage of your fee income derived from same.

.... %

.... %

.... %

.... %

.... %

5.3 (a) Please provide details of advice given in relation to the activities or business outlined in Question C.4 previously.

.....

.....

(b) Are verbal reports always confirmed in writing? YES ☐ NO ☐

If NO, how do you substantiate such verbal reports?

.....

.....

.....

6. Does any contract or client represent more than 50% of your annual work or fees? YES ☐ NO ☐

7. Does you engage consultants, sub-contractors or agents? YES ☐ NO ☐

If YES

7.1 do you insist they carry their own professional indemnity or malpractice insurance? YES ☐ NO ☐

7.2 do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? YES ☐ NO ☐

8. Do you envisage any substantial changes in your activities or are there any major new Operations contemplated during the next 12 months? YES ☐ NO ☐

If yes, please supply details.

.....

.....

9. Do you perform work outside of Hong Kong, or work for clients located overseas? Yes ☐ No ☐

If Yes, please supply details.

.....

.....

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D. FINANCIAL DETAILS

1. 1.1 Please advise the date of your financial year end: _____/_____/_____

1.2 Please provide the amount of gross income/fees for the following:

	Hong Kong	*Overseas*
(a) current financial year (estimate)	.....	.....
(b) last financial year	.....	.....
(c) previous financial year	.....	.....

1.3 Please provide the amount of the largest annual fee for any one client. _____

2. Please provide the approximate percentage of your activities (based on fee income) applicable to each state, territory and overseas.

Country	Hong Kong	Asia	Europe	USA/Canada	Other
Percentage of income	..... %	..... %	..... %	..... %	..... %

E. CLAIMS DETAILS

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? YES ☐ NO ☐

If YES, please supply details.

.....

.....

.....

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former partners, principles or directors, or have circumstances been notified to insurers that might give rise to a claim? YES ☐ NO ☐

If YES, please supply details.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential	Brief Description	Amount paid or estimate of Potential Liability	Is Matter Finalised or Outstanding

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3. Are any of the Partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Practice or any prior Practice or any of their present or former partners, principals or directors which matter is not referred to in Question E.2 above? Yes ☐ No ☐

If YES, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of Potential Liability

F. DETAILS OF INSURANCE COVER

1. 1.1 Does the Practice presently carry, or has the Practice ever carried, malpractice liability insurance? YES ☐ NO ☐

If YES, please supply details.

Insurer: .....

Expiry Date: .....

Limit of Indemnity: .....

Premium: .....

1.2 Has the Practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? YES ☐ NO ☐

If YES, please supply details

.....

.....

G. APPLICATION FOR COVER

1. 1.1 Limit of indemnity required: .....

1.2 Deductible/Excess requested: ..... (each and every claim)

1.3 Extensions:

(i) Automatic Extensions

✓ Libel and slander	Automatically Included
✓ Loss of documents	Automatically Included
✓ Coroner's enquiries	Automatically Included
✓ Emergency first aid	Automatically Included
✓ Students	Automatically Included
✓ Newly created or acquired entity or subsidiary	Automatically Included
✓ Run-off cover insured entity or subsidiary	Automatically Included
✓ Estates and legal representatives	Automatically Included

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H. DECLARATION

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:

1. I am / We are authorised by each of the other Applicants to make this Proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.

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

Name of Applicant:.....

Signed: .....

Partner, Principal or Director: ..... Date: ...../ ...../.....

QBE Specialist Risks Unit
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Your Insurance Adviser or Broker

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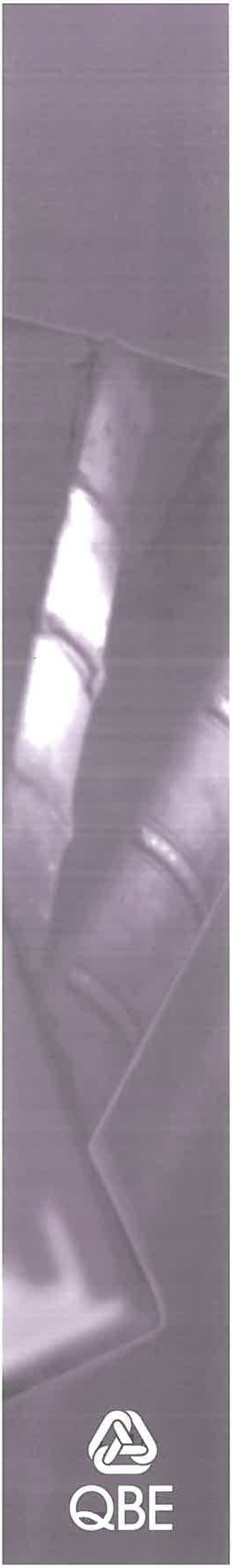

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Broker Commission Disclosure Statement

If the intermediary who serves you is an Insurance Broker, please read this:

"The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application."

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