

**MEDICAL MALPRACTICE LIABILITY INSURANCE FOR
THE MEMBERS OF HONG KONG PHYSIOTHERAPISTS' UNION**

1. TO INDEMNIFY THE INSURED AGAINST LEGAL LIABILITY FOR ANY CLAIM FIRST MADE AGAINST THE INSURED AS RESULT OF A CLAIM ALLEGING AN ACT, ERROR, OMISSION OR NEGLIGENCE IN PROFESSIONAL SERVICES RENDERED BY THE INSURED.
2. TO PAY THE COSTS AND EXPENSES INCURRED WITH THE WRITTEN CONSENT OF THE INSURER AND IN THE DEFENCE OR SETTLEMENT OF ANY SUCH CLAIM.

SPECIAL FEATURES:

- ✓ LOSS OF DOCUMENTS - SUB-LIMITS OF LIABILITY: HK\$1,000,000
- ✓ DEFAMATION (LIBEL & SLANDER)
- ✓ INQUIRIES (CORONER'S ENQUIRIES) - SUB-LIMITS OF LIABILITY: HK\$1,000,000
- ✓ AUTOMATIC REINSTATEMENT
- ✓ INTELLECTUAL PROPERTY RIGHTS
- ✓ FRAUD & DISHONESTY
- ✓ CONTINUOUS COVER
- ✓ GOOD SAMARITAN ACTS EXTENSION (EMERGENCY FIRST AID EXTENSION)
- ✓ RUN-OFF COVER CONDITION
- ✓ WORLDWIDE (EXCLUDE USA / CANADA) TERRITORIAL LIMIT AND JURISDICTION

HIGH LIMIT WITH LOWER COST:

ALT 1:

HK\$10,000,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$2,002.00** INCL. IA LEVY PER MEMBER

ALT 2:

HK\$12,000,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$2,202.20** INCL. IA LEVY PER MEMBER

EXCESS:

HK\$5,000 ANY ONE CLAIM
HK\$20,000 ANY ONE CLAIM OUTSIDE HONG KONG

OPTIONAL COVER:

MOLESTATION DEFENCE COST EXTENSION WITH SUB-LIMIT (SUB-LIMIT: HK\$300,000; EXCESS: HK\$50,000)
WITH ANNUAL **NET** PREMIUM **HK\$1,001.00** INCL. IA LEVY PER MEMBER



MI Insurance Brokers Limited

MID TERM ENROLMENT / CANCELLATION

SUBJECT TO APPLICATION

BEFORE 1ST SEPTEMBER - FULL PREMIUM
ON OR AFTER 1ST SEPTEMBER - 50% ON ANNUAL PREMIUM

PLUS IA LEVY (LEVY RATE % 0.1%)

https://www.ia.org.hk/en/aboutus/role/financial_arrangements.html

SUBSCRIPTION

COMPLETED, SIGNED AND DATED THE ATTACHED APPLICATION FORM AND RETURNED TO US.

OUR CONTACT POINT:

MR. KELVIN WONG
RESPONSIBLE OFFICER
INSURANCE AUTHORITY TECHNICAL REPRESENTATIVE (BROKER) LICENCE No.: IA2175

T: +852 2511 0219 DIRECT | +852 2865 3263 MAIN
M: +852 6806 0419
F: +852 2865 5339
E: KWONG@MIBINS.COM

UNDERWRITERS

LIBERTY SPECIALTY MARKETS HONG KONG LIMITED (<https://www.libertyspecialtymarkets.com.hk/>)

- ✓ PART OF LIBERTY MUTUAL INSURANCE – A FORTUNE 100 COMPANY THAT’S MORE THAN 100 YEARS OLD
- ✓ FINANCIAL STRENGTH RATINGS ASSIGNED TO LIBERTY MUTUAL GROUP OF COMPANIES
(<https://www.libertymutualgroup.com/about-lm/investor-relations/financial-ratings>)
(<https://www.libertyspecialtymarkets.com.hk/about/financial-strength/>)

1. A.M. BEST CO. - 'A' (EXCELLENT)
2. MOODY'S - 'A2' (GOOD)
3. STANDARD & POOR'S - 'A' (STRONG)

THROUGH MI INSURANCE BROKERS LIMITED (<http://www.mibins.com>)

1. WE ARE COVERHOLDER AT LLOYD’S
2. OVER 100 YEARS OF EXPERTISE IN THE INSURANCE FIELD
3. THE HIGHEST RATINGS OF ALL INSURANCE BROKERAGE FIRMS IN HONG KONG
4. SPECIALIZED INSURANCE BROKERS FOR NICHE INSURANCE PRODUCT
5. BILINGUAL EXPERTS WHO WILL LISTEN, UNDERSTAND AND FULFILL YOUR PROTECTION REQUIREMENTS
6. COMMITMENT TO SOURCING AND CREATING THE BEST INSURANCE SOLUTIONS FOR ITS CLIENTS
7. STAFF CONTINUITY



PROPOSAL FORM FOR HONG KONG PHYSIOTHERAPISTS

For use with the **Liberty Specialty Markets Hong Kong Limited Malpractice Liability Proposal**

Notice to the Proposed Insured (Applicant)

- 1. This Proposal Form forms part of the Insurance Policy which shall be the basis of the contract should a Policy be issued.
- 2. Answers are required for each question in this Proposal Form. Proposal Form containing unanswered questions or blank answers will not be accepted.
- 3. If there is not enough room 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.

(i) Name of Insured Physiotherapist (Applicant):

(ii) Location for Practice: Hong Kong
Others, pls specify _____ (Subject to approval and
Additional premium might be charged)

(iii) Membership :
HKPU membership No. _____

(iv) Qualifications:

Date Qualified _____ / _____ / _____

(v) Contact Details:

Tel. No. _____ Office _____ Mobile _____

Email Address: _____

Correspondence Address



MI Insurance Brokers Limited

(vi) Period of Cover:

From _____ / _____ / _____ to 28.02.2024

(vii) THE MEMBERS OF HONG KONG PHYSIOTHERAPISTS' UNION

Limit:

HK\$10M ____ - Premium HK\$2,002.00 incl. IA Levy

HK\$12M ____ - Premium HK\$2,202.20 incl. IA Levy

Any One Claim and in aggregate

Optional

Molestation Defence costs - Limit: HK\$300,000 ____

Additional Premium: HK\$1,001 incl. IA Levy

PREMIUM SETTLEMENT:

MAKE CHEQUE PAYABLE TO **MI INSURANCE BROKERS LIMITED** AND SEND IT TO
UNIT 2704, UNIVERSAL TRADE CENTRE, 3-5A ARBUTHNOT ROAD, CENTRAL, HONG KONG

OR, DIRECT PAYMENT TO OUR HANG SENG BANK

Please note below our bank details:

Beneficiary Name: MI Insurance Brokers Limited

Bank Name: HANG SENG BANK

Bank Address: 83 DES VOEUX ROAD, CENTRAL, HONG KONG

Bank Code: 024

Bank Account No. 239-556558-001 (HKD Current a/c)

Swift code: HASEHKHH

Please send us back the reference for easy tracing of your settlement.



Claims Details

- (i) Have you ever been subject to disciplinary proceedings for professional misconduct? Yes No

- (ii) Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you, or have circumstances been notified to insurers that might give rise to a claim? Yes No

- (iii) Are you aware of any claim or circumstances that might give rise to a claim against you which matter is not referred to in the Proposal Form? Yes No

** If Yes to any of the question above, please provide the details in respect to each matter.*

DECLARATION

I, the undersigned, am the proposed Insured Person (Applicant), after enquiry declare as follows:

The information and answers given on this form are filled in by myself.

I have read and understood the Notice to the Proposed Insured (Applicant) on the top of the Proposal Form.

I have read the Proposal Form, the accompanying documents and this Declaration and acknowledge the contents of same to be true and complete.

I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Liberty Specialty Markets Hong Kong Limited of any change in the particulars or statements contained in the Proposal Form, the accompanying documents or this Declaration.

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

Name of Applicant :

Signed :

Date :