

PROPOSAL FORM FOR INDIVIDUAL CHIROPRACTOR

For use with the **QBEHKS Malpractice Liability** Proposal

Notice to the Proposed Insured

- This Proposal Form forms part of the Insurance Policy which shall be the basis of the 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 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) Insured **Members of Chiropractic Doctors' Association of Hong Kong Limited**

(ii) Period of Cover: From 1 / 4 / 2023 to 31 / 3 / 2024

(iii) Name of Chiropractor

(iv) Correspondence Address _____

(v) Qualifications:

(vi) The Chiropractors Council Registration No. : _____

(vii) Date Qualified / /

(viii) Do you want to procure inquest coverage (sub-limit HKD 1,000,000) in respect of investigation, inquiry or disciplinary proceedings conducted by The Chiropractors Council (subject to additional premium) ? Yes ☐ No ☐

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 authorised proposed Insured Persons, after enquiry declare as follows:

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

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

Name of Chiropractor: _____

Signed : _____ Date : / /

For information to decide whether you want to have “Inquest Endorsement” cover to handle investigation by The Chiropractors Council:

Inquest Endorsement (subject to Additional Premium HK\$1,731.73 per Individual Member Insured)

It is agreed that QBE agrees to pay to or on behalf of the Individual Member Insured the reasonable and necessary costs of investigation and defence, including legal representation costs, incurred with the written consent of QBE, arising out of an “Inquest” at which the Individual Member Insured is required to respond and/or attend in respect of Malpractice by reason of any negligent act, Error, or omission committed or alleged to have been committed on the part of the Individual Member Insured during the Period of Cover. PROVIDED ALWAYS THAT:

- (a) such costs shall be part of, and not in addition to, the Aggregate Limit of Indemnity; and
- (b) QBE’s total liability to each Individual Member Insured under this Extension shall not exceed HK\$1,000,000 per each the Individual Member Insured during the Period of Cover; and
- (c) QBE shall not be liable to pay any penalty, fine or award of costs made against the Individual Member Insured; and
- (d) this endorsement is subject to a Deductible of HK\$25,000 each & every Claim; and
- (e) this endorsement shall not apply to any Claim in respect of advertising or canvassing activities; and
- (f) where the name of Individual Member Insured is not specified below then this Master Policy shall not provide any indemnity in relation to coverage under this endorsement.

Individual Member Insured:

For the purpose of this endorsement, "Inquest" shall mean investigation, inquiry or disciplinary proceedings (but not criminal prosecution) conducted by The Chiropractors Council being established under the Chiropractors Registration Ordinance, Chapter 428, Laws of Hong Kong, in 1993 arising out of medical services in the conduct of the Professional Business Practice having been provided by or on behalf of the Insured to a Patient.

Basic Cover (without extension of “Inquest Endorsement”)

Annual Premium: HK\$3,680 (+ IA Levy HK\$3.68) = **HK\$3,683.68** per Individual Member Insured

Basic Cover (plus extension of “Inquest Endorsement”)

Annual Premium: HK\$5,410 (+ IA Levy HK\$5.41) = **HK\$5,415.41** per Individual Member Insured