



MI Insurance Brokers Limited

Medical Malpractice Liability Insurance

1. To indemnify the Insured against legal liability for any claim first made against the insured as a 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
- ✓ Defamation (Libel & Slander)
- ✓ Inquiries (Coroner's Enquiries)
- ✓ 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\$7,500,000 any one claim and in aggregate
with annual premium HK\$1,800 per member

Alt 2:
HK\$10,000,000 any one claim and in aggregate
with annual premium HK\$2,000 per member

Excess: HK\$10,000 any one claim

Subject to pro rata basis for mid-term enrolment / cancellation

Subscription

- ✓ Completed, signed and dated the attached Application Form and returned by E-MAIL. Email addresses are shown in Policy Administration on Page 2.
- ✓ Make cheque payable to MI Insurance Brokers Limited and send it to
17/F, 83 Wan Chai Road, Wan Chai, Hong Kong

17/F, 83 Wanchai Road, Wanchai, Hong Kong
Tel: (852) 2865 3263 Fax: (852) 2865 5339

香港灣仔灣仔道83號17樓

電話: (852) 2865 3263 傳真: (852) 2865 5339

www.mibins.com



MI Insurance Brokers Limited

Underwriters

Liberty International Underwriters, <http://www.liuhongkong.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
(<http://www.libertymutualgroup.com/omapps/ContentServer?pagename=LMGroup/Views/LMG&ft=3&fid=1138356793862&ln=en>)
 - ✓ A.M. Best Co. - 'A' (Excellent)
 - ✓ Moody's - 'A2' (Good)
 - ✓ Standard & Poor's - 'A' (Strong)

Through MI Insurance Brokers Limited (<http://www.mibins.com>)

- ✓ We are Coverholder at Lloyd's
- ✓ Over 100 years of expertise in the insurance field
- ✓ The highest ratings of all insurance brokerage firms in Hong Kong
- ✓ Specialized insurance brokers for niche insurance product
- ✓ Bilingual experts who will listen, understand and fulfill your protection requirements
- ✓ Commitment to sourcing and creating the best insurance solutions for its clients
- ✓ Staff Continuity
 - Average staff has more than 5 years with the company
 - Many years has nil turnover rate

Policy Administration

Corporate Commitment to our client headed by:-

Assistant Account Director

Mr Kelvin Wong (Tel: 2511 0219 / 68060419 / kwong@mibins.com)

Technical advice and policy and claims administration;

Senior Executive

Ms Alena Wong (Tel: 2511 0200 / awong@mibins.com)

Policy and claims administration

Senior Account Executive

Ms Amanda Ng (Tel: 2511 0125 / ang@mibins.com)

Policy and claims administration

17/F, 83 Wanchai Road, Wanchai, Hong Kong
Tel: (852) 2865 3263 Fax: (852) 2865 5339

香港灣仔灣仔道83號17樓

電話: (852) 2865 3263 傳真: (852) 2865 5339

www.mibins.com



PROPOSAL FORM FOR INDIVIDUAL MEMBER OF HONG KONG PHYSIOTHERAPISTS' UNION

For use with the Liberty International Underwriters Malpractice Liability Proposal

Notice to the Proposed Insured (Applicant)

- 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 The Members of Hong Kong Physiotherapists' Union
(ii) Period of Cover: From ___ / ___ / ___ to ___ / ___ / ___
(iii) Name of Physiotherapist (Applicant)
(iv) Email:
(v) Tel No: Office Mobile
(vi) Correspondence Address
(vii) Qualifications:
(viii) Hong Kong Physiotherapists' Union Membership No. :
(ix) Date Qualified ___ / ___ / ___
(x) Limit: HK\$7.5M ___ / HK\$10M ___ Any One Claim and in aggregate

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.

17/F, 83 Wanchai Road, Wanchai, Hong Kong
Tel: (852) 2865 3263 Fax: (852) 2865 5339
香港灣仔灣仔道83號17樓
電話: (852) 2865 3263 傳真: (852) 2865 5339
www.mibins.com



DECLARATION

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

1. The information and answers given on this form are filled in by myself.
2. I have read and understood the Notice to the Proposed Insured (Applicant) on the top of the Proposal Form.
3. I have read the Proposal Form, 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 Liberty International Underwriters 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 : / /
