



MI Insurance Brokers Limited

MEDICAL MALPRACTICE LIABILITY INSURANCE FOR HONG KONG PHYSIOTHERAPISTS

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
- ✓ 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:

HKPU MEMBER

ALT 1:

HK\$10,000,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$1,498.00** PER MEMBER

ALT 2:

HK\$12,000,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$1,665.00** PER MEMBER

EXCESS: HK\$5,000 ANY ONE CLAIM

NON-HKPU MEMBER

ALT 1:

HK\$7,500,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$4,800.00**

ALT 2:

HK\$10,000,000 ANY ONE CLAIM AND IN AGGREGATE
WITH ANNUAL **NET** PREMIUM **HK\$6,500.00**

EXCESS: HK\$10,000 ANY ONE CLAIM

SUBJECT TO PRO RATA BASIS FOR MID-TERM ENROLMENT / CANCELLATION



MI Insurance Brokers Limited

FREE

PERSONAL ACCIDENT INSURANCE – HK\$250,000.00

ACCIDENTAL DEATH AND DISABLEMENT
(WORLD WIDE AND 24 HOURS COVER)

SUBSCRIPTION

COMPLETED, SIGNED AND DATED THE ATTACHED APPLICATION FORM AND RETURNED BY E-MAIL.

MAKE CHEQUE PAYABLE TO **MI INSURANCE BROKERS LIMITED** AND SEND IT TO
17/F, 83 WAN CHAI ROAD, WAN CHAI, HONG KONG

UNDERWRITERS

MEDICAL MALPRACTICE LIABILITY INSURANCE - LIBERTY INTERNATIONAL UNDERWRITERS,

[HTTP://WWW.LIUHONGKONG.COM.HK](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](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)

PERSONAL ACCIDENT INSURANCE - CHUBB,

[HTTPS://WWW2.CHUBB.COM/HK-EN/](https://www2.chubb.com/hk-en/)

- ✓ A.M. BEST CO. - 'A++'
- ✓ STANDARD & POOR'S - 'AA'

THROUGH MI INSURANCE BROKERS LIMITED ([HTTP://WWW.MIBINS.COM](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
 - AVERAGE STAFF HAS MORE THAN 5 YEARS WITH THE COMPANY

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 HONG KONG PHYSIOTHERAPISTS

For use with the **Liberty International Underwriters 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) Membership :

HKPU Member _____ (membership No. _____)

Non-HKPU Member _____ (Association: _____)
(Registered Physio No. _____)

(iii) Qualifications:

Date Qualified _____ / _____ / _____

(iv) Contact Details:

Tel. No. _____ Office _____ Mobile _____

Email Address: _____

Correspondence Address

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

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(v) Period of Cover:

From _____ / _____ / _____ to _____ / _____ / _____

(vi) THE MEMBERS OF HONG KONG PHYSIOTHERAPISTS' UNION

Limit: HK\$10M ___ / HK\$12M ___ Any One Claim and in aggregate

Non-Members

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.*



MI Insurance Brokers Limited

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 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 :