



Medical Malpractice Liability Insurance EXCLUSIVE for Hong Kong Physiotherapists' Union Members

- ❖ Pay on behalf of the Insured against demands from a third party, resulting from any civil liability incurred in connection with the provision of professional services.
- ❖ Demands could include compensation, legal costs, investigations, or any hearings before any disciplinary body of an accredited medical professional association, etc.
- ❖ Limit of Liability is not by discretion, you get the limit you pay for.

SPECIAL FEATURES		
Worldwide Cover except North America	*Free Run Off Covers for 3 Years*	*Molestation Defence Costs*
Good Samaritan Acts	Intellectual Property Infringement	Loss of Documents
Advance Defence Costs	Legal Representation at Inquiry (WITHOUT EXCESS)	Defamation

* **Bolded** terms are **EXCLUSIVE TERMS** for **THIS SCHEME**

(*)Please refer to the policy for detailed terms and conditions

WHAT IS Worldwide Cover?

- ❖ The insured could practice their profession around the world. Policy reacts once claim arise through Hong Kong's legal system.

WHAT IS RUN OFF COVER?

- ❖ The Policy shall provide extra 3 years of extended reporting period for free for those who have been insured by this Scheme for 5 consecutive years before they have decided to retire or cease providing physiotherapy services.

WHAT IS MOLESTATION DEFENCE COST? (Available by Optional Extension with Additional Premium)

- ❖ **VERY EXCLUSIVE OFFER** from the Insurer. A carve back that covers Defence Cost & Legal Representation Expenses due to directly or indirectly caused by, arising out of or in any way connected with the sexual assault of, abuse of, or physical interference with, any person.

PREMIUM TABLE					
LIMIT OF LIABILITY					
Any one claim and in the aggregate					
HKD12,000,000		HKD14,000,000		HKD16,000,000	
Members HKD2,290	*Life Members* HKD2,190	Members HKD2,540	*Life Members* HKD2,430	Members HKD2,750	*Life Members* HKD2,630
Excess: HKD7,000 any one claim					
Optional					
Molestation Defense Cost & Legal Representation Expenses Extension Sublimit : HKD300,000					
Members HKD1,100			*Life Members* HKD860		

Note: Premium EXCLUDES the Insurance Authority Levy, please review quotation slip for details.

Months from Cut Off Date	MID TERM ENROLMENT PREMIUM PRO-RATA TABLE
	CUT OFF DATE: 1 ST MARCH 2026
Mar - May	FULL PREMIUM
Jun - Aug	75% OF ANNUAL PREMIUM
Sep - Nov	50% OF ANNUAL PREMIUM
Dec - Feb	25% OF ANNUAL PREMIUM

(*) From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable by policyholders to the Hong Kong Insurance Authority (IA). Please refer to the Table below:

Period	IA LEVY RATE
From 1 Apr 2021 onwards	0.1%

HOW TO SUBSCRIBE?

- ❖ Complete, signed & dated the attached **Application Form** & return by **e-mail** or **WhatsApp**
- ❖ Make cheque payable to “**Meritus Insurance Consultant Limited**” with the following address:
938, 9/F, Po Yip Building, 23 Hing Yip Street, Kwun Tong, Kowloon
OR
- ❖ **Direct payment** to the following bank details:
Account Name: Meritus Insurance Consultant Limited
Bank Name: Bank of China (Hong Kong) Limited
Account Number: 012-742-0-010372-5

Bank Name: Nanyang Commercial Bank

Account No.: 043-473-00255836

FPS No. (轉數快): 63650388

****Please send us the reference for easy tracing after transaction via e-mail or WhatsApp****

WHO ARE WE?

- ❖ **MERITUS INSURANCE CONSULTANT LIMITED**
- ❖ Licensed insurance broker established over 25 years
- ❖ One stop shop to offer tailor made risk management solutions
- ❖ Provide both General & Life Insurance products including niche & technical products
- ❖ Operated by experienced underwriters with more than 30 years of experience
- ❖ **WE ARE YOUR RELIABLE STRATEGIC PARTNER**



明德信保險顧問有限公司
Meritus Insurance Consultant Limited

WHO IS THE INSURER?

- ❖ **CHUBB INSURANCE HONG KONG LIMITED**
- ❖ International Insurer & publicly traded P&C Insurer
- ❖ **Standard & Poor's Rating: AA**
A.M. Best Rating: A++ (<https://www.chubb.com/us-en/about-chubb/who-we-are.html>)
- ❖ Experienced legal team for handling Medical Malpractice Claims
- ❖ **Specialised legal support team** in international law firms (e.g. Kennedys's & Howse Williams.)

CHUBB®

WHO TO CONTACT?

- ❖ **Mr. Benjamin Wong**
E-mail: benjaminwong@meritus.com.hk
Tel: **2630 0900/ 6365 0388 (WhatsApp Only)**

Meritus Insurance Consultant Limited
938, 9/F, Po Yip Building, 23 Hing Yip Street, Kwun Tong, Kowloon
Tel: 2631 0900 Fax: 2803 2666
Email: admin@meritus.com.hk
Licensed Insurance Broker No.: FB1395



明德信保險顧問有限公司
Meritus Insurance Consultant Limited

MEDICAL MALPRACTICE PROPOSAL FORM – NEW APPLICANT
EXCLUSIVE FOR HONG KONG PHYSIOTHERAPISTS' UNION
MEDICAL MALPRACTICE INSURANCE APPLICATION FORM
(FOR INDIVIDUAL PHYSIOTHERAPISTS)

Arranged by:

Meritus Insurance Consultant Limited

938, 9/F, Po Yip Building, 23 Hing Yip Street, Kwun Tong, Kowloon

Tel: 2631 0900 WhatsApp: 6365 0388 Fax: 2803 2666

Email: admin@meritus.com.hk

A. NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

You must be aware of the duty of disclosure in relation to your insurance and the severe consequences of a breach

Insurance contracts are contracts of good faith. This requires you, as buyer of insurance, to disclose all information which is known to you (or which ought to be known to you) in the ordinary course of business and which is material to the risk. Material information are information which a prudent insurer would wish to take into account when considering whether or not to insure the risk at all and, if so, upon what terms and at what price. Material information does not necessarily have to actually increase the risk of the insurance under consideration.

In completing an application form or claim form or questionnaire; and in providing information to or for insurers, the accuracy and completeness of all answers, statements, declarations and/or information is your responsibility and it is of paramount importance that all relevant information is provided and that it is accurate. If you become aware that information that you have supplied before the insurance was finalised was incorrect or has been omitted, you should inform us immediately.

In the event that there is a breach of the duty of disclosure, such as information provided was incorrect or that information was not provided at all, the insurer has the right to cancel the insurance from its commencement. This means the insurer would be entitled to refuse to pay any claims reported and to recover from you any claims already paid under the policy. Although at the same time the insurer would generally be obliged to return paid premium (in the absence of dishonest conduct).

Examples of material information (not exhaustive) which must be disclosed are:

- Any previous complaints or claims with full details
- Any change in professional services

If you are in any doubt as to the ambit of the duty of disclosure or whether a piece of information ought to be disclosed, please do not hesitate to contact us.

Meritus Insurance Consultant Limited

938, 9/F, 16/F, Po Yip Building,

23 Hing Yip Street, Kwun Tong, Kowloon

Tel: +852 2631 0900 Fax: +852 2803 2666

Licensed Insurance Broker Company (Licence No. FB1395)

1. Claims Made Policy

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

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

2. Basis of the Insurance Contract

This Proposal Form shall be the basis of the insurance 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 space 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.



B. INFORMATION OF APPLICANT

(please tick (✓) appropriate box to indicate answer)

FOR APPLICANT - STRICTLY CONFIDENTIAL

i) Name of Applicant

ii) Correspondence Address

Telephone No.:

Email Address:

iii) Is Applicant duly licensed in accordance with law to practice in Hong Kong? Yes No

iv) Where do you practice? Please ✓ all that apply.

Hospital Private Clinic Other _____

v) Are you a member of Hong Kong Physiotherapists' Union? If yes, please list

Membership Type	Membership Number
Qualification	Date Qualified

vi) Has Applicant previously been insured/covered by any insurer/medical protection society?

Yes No (If Yes, please fill in the following table)

Name of Insurer / medical protection society	Period of insurance / cover	Limit of indemnity (HKD)	Retroactive Date

C. APPLICATION FOR COVER

i) Period of Insurance being applied: From: _____ To: 28th February 2027

ii) Enrollment

Limit of Liability	Please put "√" in the appropriate box below
HKD12,000,000 Members: HKD2,292.29 Life Members: HKD2,192.19	Member: <input type="checkbox"/> Life Member: <input type="checkbox"/>
HKD14,000,000 Members: HKD2,542.54 Life Members: HKD2,432.43	Member: <input type="checkbox"/> Life Member: <input type="checkbox"/>
HKD16,000,000 Members: HKD2,752.75 Life Members: HKD2,632.63	Member: <input type="checkbox"/> Life Member: <input type="checkbox"/>
*Additional Molestation Defense Costs Extension Members: HKD1,101.10 Life Members: HKD860.86	Member: <input type="checkbox"/> Life Member: <input type="checkbox"/>

* Please refer Extension coverage from the promotional flyer or policy

Note: Premium includes the Insurance Authority Levy @0.1%

D. CLAIMS DETAILS (please tick (√) appropriate box to indicate answer)

i) During the past five (5) years, have you ever been subject to disciplinary proceedings for professional misconduct? ** Yes No

ii) During the past five (5) years, have any claims for negligence or breach of professional duty ever been made against you, or have circumstances been notified to insurers/medical protection societies that might give rise to a medical malpractice claim? ** Yes No

iii) Are you aware of any medical malpractice claim or circumstances that might give rise to a medical malpractice claim against you in which matter is not referred to in Question D (ii) above? ** Yes No

iv) During the past five (5) years, have you ever been refused enrollment/renewal, or been offered limited/conditional/special terms, or been required increased rate/premium by any medical professional society/association, medical protection society or medical malpractice insurer? ** Yes No

**** If Yes to any of the questions above, please provide full details in respect of each matter on a separate sheet or page 6 of this form. Insurer reserves the right to impose any special terms or decide whether the insurance to be offered or not.**

E. DECLARATION

I, the undersigned, am the proposed Insured Person, declare as follows:

1. I have read and understood the Notice to the Proposed Insured on the front of the Proposal Form.
2. I have read the Proposal Form, and acknowledge the contents therein to be true and complete.
3. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Insurer of any change in the particulars or statements contained in the Proposal Form.

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

Name of Applicant:

Signature:

Date:

For any enquiries, please email benjaminwong@meritus.com.hk or contact Mr. Benjamin Wong (2631 0900/ 6365 0388 WhatsApp ONLY)

