

**QBE HONGKONG & SHANGHAI INSURANCE LTD.**

昆士蘭聯保保險有限公司

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**PROPOSAL FORM FOR INDIVIDUAL CHIROPRACTOR**

For use with the **QBE Hongkong & Shanghai Insurance Ltd. (QBEHKS) 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 **Members of Chiropractic Doctors' Association of Hong Kong Ltd.**

(ii) Period of Cover: From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

(iii) Name of Chiropractor (Applicant)

\_\_\_\_\_

(iv) Correspondence Address \_\_\_\_\_

\_\_\_\_\_

(v) Qualifications:

\_\_\_\_\_

\_\_\_\_\_

(vi) Chiropractors Council Registration No. : \_\_\_\_\_

(vii) Date Qualified \_\_\_ / \_\_\_ / \_\_\_

**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:

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 QBEHKS 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 Chiropractor (Applicant) : \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_ / \_\_\_ / \_\_\_