



DENTAL PROTECT PROPOSAL FORM FOR HONG KONG DENTAL PROFESSIONAL

MEDICAL MALPRACTICE INSURANCE PROPOSAL FORM (FOR HKCDA MEMBERS)

Arranged by:

Lockton Companies (Hong Kong) Limited

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A. Notice To The Proposed Insured

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your Proposal Form.

2. 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.

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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.

3. 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)

STRICTLY CONFIDENTIAL

i) Name of Applicant

ii) Are you a member of the Hong Kong Chinese Dentists Association? Yes No

iii) Correspondence Address

Telephone No.:	Email Address:
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iv) Is Applicant duly licensed in accordance with law to practice in Hong Kong? Yes No

v) 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 / cover (please state currency)

C. Application For Cover

i) Period of Insurance being applied:

From:	To:
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ii) Enrollment

Categories	Please put “ <input type="checkbox"/> ” in the appropriate box below
General Dentistry - Full Rate Practitioner (qualified for three or more years)	<input type="checkbox"/>
#Specified Procedures in Private Practice - Level 1	<input type="checkbox"/>
#Specified Procedures in Private Practice - Level 2	<input type="checkbox"/>
#Specified Procedures in Private Practice - Level 3	<input type="checkbox"/>

*** Please refer to “Notes to Specified Procedures in Private Practice” on page 5.**

D. 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 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 which matter is not referred to in Question D (ii) above? ** Yes No
- iv) 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. 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:

Note: Please send this completed and signed application form to dentalprotect@asia.lockton.com for further processing.

Notes to Specified Procedures in Private Practice

❖ Specified procedures in private practice - Level 1

Clinical practice including any or all of the following procedures:-

- Fixed or removable orthodontics, in the absence of any specialist training and higher registerable qualifications in orthodontics.
- Placing of implants in the mandible or maxilla, including the use of bone grafts but excluding **sinus lifts** or bone augmentation which involves the floor of the sinus, or extra oral bone harvesting - all of which are classified as **Level 2** or **Level 3** procedures.

❖ Specified procedures in private practice - Level 2

Clinical practice including any or all of the following procedures:-

- Placing implants in a mandible or maxilla, including **sinus lifts** or bone augmentation which involves the floor of the sinus, but excludes extra oral bone harvesting - which is classified as a **Level 3** procedure.

❖ Specified procedures in private practice - Level 3

Clinical practice including any or all of the following procedures:-

- Bone harvesting from anywhere other than mandible or maxilla.
- Any **maxillofacial procedures**.

Definitions

1. Level 1 includes placing of Mini-Implants, but exclude sinus lifts or bone augmentation which involves the floor of the sinus, or extra oral bone harvesting – which will be covered under Level 2 or above.
2. **Dento-alveolar procedures** are defined as surgical procedures involving the intra-oral tissues, teeth and tooth carrying bones ie, mandible and maxilla only. Within this definition are procedures such as tooth extraction (including surgical wisdom tooth removal), apicectomies, periodontal surgery, minor cyst removal, dental/apical cyst removal, minor pre-prosthetic surgery.
3. **Maxillofacial procedures** are surgical procedures extending beyond **dento-alveolar procedures** as defined above, and falling within the scope of the recognised speciality of oral and maxillofacial surgery - including (but not restricted to)
 - Open reduction of complex fractures
 - Advanced surgical treatment of malignancy and other pathology
 - Osteotomies (maxilla and/or mandible)
 - Surgery involving the salivary glands, neck, TMJ or orbital complex
 - Rhinoplasty
4. **Sinus lifts** are **Level 2** procedures irrespective of the technique or bone grafting material used.

For any enquiries, please contact Mr. Calvin Kwan (2250 2856) or Mr. Kenneth Chan (2250 2807).