



PROPOSAL FORM FOR INDIVIDUAL OPTOMETRIST

Notice to the Proposed Insured

- 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.
- Individual's income/fee should be less than HK\$ 2,000,000 (It is hereby noted and agreed with effect from Policy Inception, that an Insured with annual income/fee greater than HK\$2,000,000 will be charged basic premium as stipulated in the policy schedule plus 0.1% premium rate applied to the amount in excess of the HK\$2,000,000 income/fee

(i) Insured Members of Hong Kong Society of Professional Optometrists

(ii) Period of Cover: From ___ / ___ / ___ to 31 /December /2012

(iii) Name of Optometrist

(iv) Correspondence Address _____

(v) Tel. No. _____ Fax No. _____

(vi) Email Address _____

(vii) Qualifications:

(viii) Optometrists Board Registration No. : _____

(ix) Date Qualified ___ / ___ / ___

(x) Do you engage in Ortho-K business activities? Yes No

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 authorised proposed Insured Persons, after enquiry declare as follows:

1. I am authorised by each of the other Applicants to complete this Declaration.
2. I have read and understood the Notice to the Proposed Insured on the top of the Proposal Form.
3. I have read the Proposal, 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 Insurer of any change in the particulars or statements contained in the Proposal, the accompanying documents or this Declaration.

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

Name of Optometrist: _____

Signed :

Date : ___ / ___ / ___