

PROFESSIONAL INDEMNITY

DECLARATION FOR MEMBERS OF HONG KONG PROFESSIONAL COUNSELLING ASSOCIATION LTD.

Important

1. Please answer all questions giving full and complete answers.
2. Application must be signed and dated by the Applicant.
3. The Applicant will be referred to in this Declaration as "You" or "Your".

i) Name of the Applicant: _____

ii) Age: _____

iii) Sex: _____

iv) Email: _____

v) Membership No.: _____

vi) Membership Classes (please choose one of the following):

- ☐ Fellow ☐ Associate Fellow ☐ Member ☐ Certified Counsellor
☐ Candidate for Certified Counsellor ☐ Approved Counselling Supervisor

vii) Residential Address: _____

viii) Mobile Number: _____

ix) Office Number: _____

x) Name of Employer: _____

xi) Working Address: _____

xii) Working Experience:

xiii) Scope of Professional Services (please choose one of the following):

- ☐ Counselling Services ☐ Counselling Psychological Services
☐ Both Counselling and Counselling Psychological Services

xiv) Qualification: _____

xv) Date Qualified: _____

xvi) Please provide breakdown of fee income for the past 12 months:

Hong Kong	China	Asia (others)	USA/Canada	Others*
HK\$				

*Please advise which countries "Others" refer to: _____

xvi) Do you practice in places other than Hong Kong? _____

xvii) Claims Details

(a) Have you been subject to disciplinary proceedings for professional misconduct? Yes ☐ No ☐

(b) Have any claims for negligence or breach of professional duty been made in the last five (5) years against you, or have circumstances been notified to insurers that might give rise to a claim? Yes ☐ No ☐

(c) Are you aware any circumstance which may give rise to a claim against you? Yes ☐ No ☐

If Yes to any of the questions above, please provide the details in respect of each matter.

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Limits of Liability

a) HK\$12,000,000 any one Claim and HK\$48,000,000 in the aggregate to be shared among by all Insured members ☐

b) HK\$23,000,000 any one Claim and HK\$92,000,000 in the aggregate to be shared among by all Insured members ☐

Declaration

Important

Signature of this Declaration does not bind the Applicant or the Insurer to complete the insurance.

I hereby declare that the statements and particulars in this Declaration are true and that I have not mis-stated or suppressed any material facts. I agree that this Declaration forms part of the Professional Indemnity Solutions Proposal and shall form the basis of any Contract of Insurance effected thereon. I undertake to inform the Insurer of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by Insurance Company, the Insurance Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I am a body corporate, the authorized person who signs on behalf of me further confirms to the Company that he or she is authorized to do so.

I further understand that the above consent is necessary for the Insurance Company to proceed with the application.

Signature of Applicant

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Date: __/__/__