

保險代理人專業責任保險

給你全面保障

保障範圍：

- 專業疏忽及失誤
- 誹謗、詆毀
- 侵犯知識產權
- 文件遺失、損壞、放置不當
- 個人資料 (私隱) 條例的訴訟
- 網路科技保障
- 保障延伸至過往曾任職及未來轉職的保險公司
- 工作伙伴(秘書、助理有關人等)所犯的過失而招致法律責任及額外開支
- 自身及下線因疏忽等引起的法律責任 (建議下線也自行購買保障)
- 法律責任和索償
- 訴訟及法律代表之費用
- 承保公司可行使酌情權，墊支或/並豁免因不誠實、欺詐等行為所引起之抗辯費用

其中不保事項：

- 刑事、惡意及不合法行為
- 於美國或加拿大範圍內發生之任何事故
- 於此保險生效前之申報或索償

索償之最高賠償額

單一索償: HK\$2,000,000 (已預設額外保障計劃)

訴訟及法律代表之費用

在保險銷售工作事故或被索償發生後，請即向本公司書面申報，承保公司將會提供協助及考慮安排法律代表等一切有關事宜。

自付額 (包括法律費用) HK\$10,000

投保方法

必須填妥投保書連同支票 (抬頭「卓佳管理集團有限公司」/ Charter Management Group Limited) 一併寄回本公司 (只限郵寄) 。

地址：香港上環干諾道中111號永安中心6樓601室

申請會儘快處理，以確保投保生效 (一切以符合投保資格及承保公司之確認為準) 。

- ❖ **投保資格** : 持有保險業監管局 (Insurance Authority) 之牌照
- ❖ **受保人的定義** : 如上
- ❖ **承保日期** : 25/02/2020 至 24/02/2021
- ❖ **全期保費** : HK\$800

額外保障計劃選擇

全期保費	單一索償之最高賠償額	自付額 (包括法律費用)
HK\$1,500	HK\$5,000,000	HK\$20,000
HK\$2,000	HK\$8,000,000	HK\$30,000

承保公司: Lloyd's

請注意:

各保險從業員在決定購買此保險計劃前，應詳細閱讀承保公司提供的資料及文件；如有任何疑問，請尋求獨立的專業意見。

以上簡介僅作參考之用，一切以保單英文版為準。

查詢電話/ 電郵:

卓佳管理集團有限公司

Charter Management Group Limited

Insurance Authority Licence No. FB1504

3743 1688 / pii@chartermgt.com.hk

Professional Indemnity Insurance

**Proposal Form : for Members of The General Agents and Managers Association of Hong Kong
(GAMAHK)**

NOTICE:

THIS PROPOSAL IS FOR A CLAIM MADE POLICY. THE POLICY COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD. THE POLICY DOES NOT PROVIDE FOR ANY DUTY TO DEFEND. THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED BY DEFENCE COSTS, AND DEFENCE COSTS WILL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT. PLEASE READ THE ENTIRE PROPOSAL CAREFULLY BEFORE SIGNING.

IMPORTANT NOTES:

- Please answer ALL sections of this proposal form. If space provided herein is insufficient, please continue on attachments.
- Information supplied in this proposal form and any other information provided shall be the basis of a contract of insurance, if a contract is issued, and will form part of the contract. Any misrepresentation, omission, concealment or any incorrect statement of a material fact in this proposal form will be grounds for rescission.
- The term "Applicant" in this proposal form refers to the Applicant listed in Question 1.

APPLICANT INFORMATION (Please attach with your business card):

(Please tick as appropriate)

New Application

Renewal Application

GAMA Membership Number: _____

1. Name of Applicant: _____ **(As shown on HKID)**

2. a. Insurance Company _____

b. IA Licence No. _____

c. Office Location _____

3. a. Contact Phone No. _____

b. Correspondence Address _____

c. E-mail Address _____

CLAIMS (Mandatory questions) 必須填寫

[If you answered YES to any of the following questions, please provide full details on a separate sheet]

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Has the Applicant proposed for this insurance ever been the subject of disciplinary or criminal actions by authorities as a result of their professional activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have there been during the last five (5) years, or are there now pending any suits, claims, or proceedings against the Applicant proposed for this insurance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the Applicant proposed for this insurance aware of any fact, circumstances, situation or act which would fall within the scope of the proposed insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

It is understood and agreed that with respect to Question 4, 5 and 6 that if such knowledge or information exists, any claim or action arising there from shall be excluded from coverage under all sections of this insurance.

Professional Indemnity Insurance

Proposal Form : for Members of The General Agents and Managers Association of Hong Kong (GAMAHK)

DECLARATION AND SIGNATURE:

The undersigned person declares that to the best of their knowledge the statements set forth above and in any attachments to this Proposal are true and correct, and that every reasonable effort has been made to obtain sufficient information to facilitate the proper and accurate completion of this Proposal. The undersigned agrees that if any significant change in the condition of the Proposal is discovered between the date of this Proposal and the effective date of the insurance policy which would render this Proposal inaccurate or incomplete, notice of such change will reported in writing to the insurer immediately and, if necessary, any outstanding quotation may be modified or withdrawn.

The undersigned person understands and further agrees that the completion and signing of this Proposal neither binds the insurer to sell nor the Applicant to purchase the insurance.

IMPORTANT:

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which may result in a denial of insurance benefits or rescission of the policy.

Signature of Applicant

Date : (DD/MMM/YYYY)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Markel International Hong Kong Limited. Markel International Hong Kong Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Markel International Hong Kong Limited that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Markel International Hong Kong Limited to proceed with the application.

INFORMATION ON THE PROFESSIONAL INDEMNITY PROGRAMME

1. The program is designed for licensed active members of The General Agents and Managers Association of Hong Kong only.
2. This Insurance is underwritten by Markel International Hong Kong Limited.

We have authority to enter into contracts of insurance on behalf of the Lloyd's underwriting members of Lloyd's syndicates 3000 which are managed by Markel International Hong Kong Limited. We are authorised and regulated by Monetary Authority of Singapore as a member of Lloyd's.

3. Period of Insurance : _____ to 24 February 2021
(DD / MMM / YYYY)

Date of Inception (投保時段)	Insurance Period Ends	Sum Insured (Per Member)	HK\$2,000,000	HK\$5,000,000	HK\$8,000,000
		Deductible`	HK\$10,000	HK\$20,000	HK\$30,000
25/Feb/2020 – 24/May/2020	24/Feb/2021	Premium*	HK\$800 <input type="checkbox"/>	HK\$1,500 <input type="checkbox"/>	HK\$2,000 <input type="checkbox"/>
25/May/2020 – 24/Aug/2020	24/Feb/2021		HK\$600 <input type="checkbox"/>	HK\$1,125 <input type="checkbox"/>	HK\$1,500 <input type="checkbox"/>
25/Aug/2020 – 24/Feb/2021	24/Feb/2021		HK\$400 <input type="checkbox"/>	HK\$750 <input type="checkbox"/>	HK\$1,000 <input type="checkbox"/>

#please tick as appropriate

4. Sum Insured: This Professional Indemnity program for all members of The General Agents and Managers Association of Hong Kong that elect to take up insurance will have a total aggregate sum insured of HK\$75,000,000.
5. The optional sum insured for each assured members of The General Agents and Managers Association of Hong Kong is HK\$2,000,000 or HK\$5,000,000 or HK\$8,000,000.
6. Cheque made payable to “Charter Management Group Limited”.
7. This program is proposed for current members of GAMAHK only. We will not accept any application from anyone who is not a current member of GAMAHK.