

**HONG KONG INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM**

Please submit the completed proposal form to Aon HKICPA Service Team by email to hk.accountantspii@aon.com

1. a) Name(s) of the Practice(s) and Former Practice(s) requiring coverage: _____

b) Date(s) of commencement and cessation of the above Practice(s) : _____

c) Are you a Corporate Practice? YES / NO

d) HKICPA Registration No (if any) _____

e) Name of contact person _____

Tel No. _____ Fax No. _____

Email Address _____

2. a) Principal Address:

b) _____
All other Addresses (Home or Overseas):

3. a) Please complete the below for all Partner(s)/Director (s)

Names of all Partners/Directors	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

b) Is cover required for any Partner/Director for his liability prior to joining the Firm(s)?

YES / NO

If 'YES' please give details:

Name of Partner(s) / Directors(s)	Previous Company(ies) Name	Business Nature	Period of Services

c) Please state total number of staff:

Qualified _____ Other _____ Administrative _____

Contract Hire _____ Self Employed _____

4. a) Financial Year End Date / /

b)	Year	HK Business (HKD)	USA & Canada (HKD)	Other Countries (HKD) Pls specify
i) Please state Gross Fee Income for each of the last two financial years				
ii) Estimated Gross Fee Income for the current financial year				

c) Please state for the last completed Financial Year the Gross Fees paid to Consultants and/or sub-contractors HKD _____

d) Please advise the approximate percentage of gross fee derived from Public Interest Entities auditing service for the last financial year _____ %

Note : If you have declared USA & Canada Income or require cover for US/Canadian exposures, please complete a Supplementary US/Canada Questionnaire

5. a) Please indicate as an approximate percentage of Gross Fee Income for the last completed Financial Year:

(It is appreciated that there may be a considerable over-lap between the types of work).

Approximate Percentage of Gross Fee Income (if None, state 'None')

i) Audit, accountancy and Company Tax for <u>Listed Companies</u>	i)		%
ii) Audit, accountancy and Company Tax for <u>Unlisted Companies</u>	ii)		%
iii) Insolvencies, Liquidations, Receiverships	iii)		%
iv) Directorships	iv)		%
v) Mergers, Acquisitions, Corporate Sales, Listings	v)		%
vi) Investment Business/Advice	vi)		%
vii) Activities other than above (please give details)	vii)		%

- b) Please give the following details based on the last complete financial year

- i) Number of clients _____
- ii) The average fee per client HKD _____
- iii) a) The largest total fee from any client HKD _____
- b) The percentage of Total fees earned from this client _____ %
- c) Name of this client _____
- d) Nature of Business of this client _____
- e) Geographical location _____
- f) Services undertaken for this client
- _____
- _____
- _____

6. a) Does/do the Firm(s) or any Partner(s)/Director(s) undertake any services for the following?

- i) Banks or other Financial Institutions YES / NO
- ii) Insurance Companies (including Captive Insurance Companies),
Lloyd's Syndicates or Funds YES / NO

iii) Any "Offshore" Companies

YES / NO

If 'YES' to any of the above please give client name(s), Fee(s), location(s) and details of services provided.

b) Does/do the Firm(s) or any Partner(s)/Director(s) exercise a controlling interest in any Partnerships, Companies or Organisation for which the Firm(s) or any Partnership(s)/Director(s) undertake work?

YES / NO

If 'YES' please give details.

7. a) In connection with overseas business please identify the Countries involved. Please advise the nature and the method of handling such business.

b) Does/do the Firm(s) provide services

i) to any companies with assets in USA or Canada?

YES / NO

ii) to any subsidiaries of USA or Canadian based companies located anywhere in the World?

YES / NO

- c) Have you undertaken any audit, IPO (Initial Public Offering) or RTO (Reverse Takeover) related activities for any client &/or their subsidiaries domiciled in China?

YES / NO

If "YES", please provide details of your 5 largest contracts in the past 3 years:

Name of Client	Province / City	Nature of Business of this client	Your services	Your income
1.				
2.				
3.				
4.				
5.				

8. Please name your 3 largest Listed Companies audited in the past 5 years:

(1) _____

(2) _____

(3) _____

9. Does the Firm undertake any investment business?

YES / NO

If 'YES' please give details

10. Has any Proposal for similar Insurance made on behalf of the Firm(s), any former Firm(s) or any Partner(s)/Director(s), ever been declined or has any such Insurance ever been cancelled or renewal refused?

YES / NO

If 'YES' please give details.

11. Is the Proposer aware, AFTER FULL ENQUIRY

- a) of any claim having been made against the Firm(s) or former Firm(s) or its/their present and/or past Partners or Directors whilst in this/these Firm(s) or any Former Firm(s)?

YES / NO

- b) of any circumstances which are likely to give rise to a claim against the Firm(s) or former Firm(s) or its/their present and/or past Partners or Directors?

YES / NO

- c) of any loss sustained by the Firm(s) through the Fraud or Dishonesty of any person?

YES / NO

- d) Does/do the Firm(s) know of any Fraud or Dishonesty at any time committed by any past or present Partner, Director or Employee?

YES / NO

- e) of any past or present Partner, Director or Employee who has been the subject of disciplinary action by the Hong Kong Institute of Certified Public Accountants or any similar professional body and not subsequently exonerated (including any actions pending)?

YES / NO

If 'YES' to any of these questions please give full details, including dates and amounts or potential amounts involved. (Please provide full details on separate page for attachment to the proposal form)

12. Does your Firm have any local subsidiary(ies) and/or local employee(s) in The Russia Federation and/or The Republic of Belarus? YES / NO

Kindly note that Territory Restriction Endorsement shall be applied if you answer 'YES' for this question)

**PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY.
FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS.**

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/we agree that this Proposal, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected. I/We undertake to inform Underwriters of any material alteration to these facts occurring before or after inception of the Contract of Insurance. Signing this proposal does not bind the Proposer or Underwriters to complete this Insurance.

Dated this _____ day of _____ 20 _____

For and on behalf of _____
(Insert name of Firm(s))

Signature of Partner/Director _____

IMPORTANT NOTICE

Disclosure of material facts or information

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an Insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the Contract of Insurance voidable from inception at the option of Underwriters and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek your Broker's advice.

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR RECORDS