



MSIG

MSIG Insurance (Hong Kong) Limited
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msig.com.hk

A Member of **MS&AD** INSURANCE GROUP

Addendum for Professional Indemnity - Accountant

Section 1 Relevant business activities

1. Please detail gross fees/income from each field for the past year as a percentage and HKD amount:

| | % | Last year gross (HKD) | Current year gross (HKD) |
|--|---|-----------------------|--------------------------|
| Audit of public listed companies | | | |
| Audit of non-public listed companies | | | |
| Bookkeeping | | | |
| Business valuations | | | |
| Company secretarial and directorships | | | |
| Insolvency, receivership and liquidations of public listed companies | | | |
| Insolvency, receivership and liquidations of non-public listed companies | | | |
| Preparation of accounts | | | |
| Superannuation and pension fund management/trusteeship | | | |
| Tax | | | |
| Others, please state | | | |
| Total | | | |

2. If audit of public listed companies is undertaken, please list the company names below:

| Listed company | Stock exchange of listing |
|----------------|---------------------------|
| | |
| | |
| | |
| | |
| | |

3. Are any of your partners, principals, or directors connected or associated with any other practice or business? ☐ Yes ☐ No
 If 'yes', please provide details:

4. Do you or any principal, partner, director or employee engage in any mergers and acquisitions activity? ☐ Yes ☐ No
 If 'yes', please provide details:

Section 2 Declaration

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

Authorised signature (with company stamp)

Date (DD/MM/YY)

Name and position