MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
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

MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
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A Member of MS&AD INSURANCE GROUP

Association Liability Proposal Form

Important Notice

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term "PROPOSER" or "You/Your" means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the "INSURER" or "We/Us/Our" is MSIG Insurance (Hong Kong) Limited.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all questions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting this insurance by the PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:
- Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

Non-Disclosure

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

Subrogation

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

Section 1 Details of proposer

Association name:	Registration number:
Address of head office:	
Web address:	
Place of registration:	Date established:
Describe the activities of the association:	

Section 2 Association history

1. Have you made any acquisitions, divestments or mergers, and do you have any plans pending or under consideration? ☐ Yes ☐ No
2. Do you plan to raise capital in the next 12 months? ☐ Yes ☐ No
3. Are you involved in any business activities in the USA or Canada? ☐ Yes ☐ No

If you have answered 'yes' to any question, please provide details:

Section 3 Financial information

1. What was your gross consolidated turnover (average of the last 2 years)? HKD _____

2. During the past 3 years has there been or is there currently under consideration any change in your capital structure or financial position that could materially affect performance? ☐ Yes ☐ No

Territory	Hong Kong	China	USA/Canada	Others (please specify)	Total
Current year HKD					
Next year (est) HKD					

3. Is any director or officer of the association aware of anything which may affect the ability of the association to meet its debts as and when they fall due? ☐ Yes ☐ No

If you have answered 'yes' to any question, please provide details:

Please note that this policy includes an insolvency exclusion, which may be removed on receipt of a favourable review of financial statements.

Section 4 Employment practices

1. Please state:

Total employee numbers (this year)	Hong Kong	China	USA/Canada	Others (please specify)
Permanent				
Temporary and outsourced				
Directors and officers				

Total number of employees _____

Number of retrenchments, redundancies or layoffs in the last year _____

2. Are you planning to make any retrenchments, redundancies or layoffs in the coming year? ☐ Yes ☐ No
   If 'yes', please supply details:

3. Do you have an employee handbook or manual which defines company policies for matters such as workplace harassment, grievance procedures, disciplinary processes, employment termination and redundancy? ☐ Yes ☐ No
   If 'yes', please provide a copy.
   If 'no', please describe how these issues are handled:

Section 5 Outside directorships

1. Do any of your directors or officers hold board positions on other entities at the request of the association? ☐ Yes ☐ No
   If 'yes', please provide details of the entities:

Name of entity	Association shareholding	Liability limit of existing D&O cover	Insurer	Expiry date

Section 6 Employee theft/crime

1. Do you segregate duties so that no individual can execute the following activities without referral to another (e.g. financial controllers, director and executive officers)?

   Signing cheques, cheque requisitions, reconciling bank statements or giving fund transfer instructions for more than HKD30,000 per transaction? ☐ Yes ☐ No

   Refunds or return of goods of more than HKD30,000? ☐ Yes ☐ No

2. Is an annual independent stock take reconciled against your inventory records? ☐ Yes ☐ No

Section 7 Claim history

Please ensure appropriate enquiries are made of all directors and officers prior to answering the following questions.

1. Are you aware of any circumstance, incident or action which may be grounds for or result in a future claim? ☐ Yes ☐ No
2. Have you in the last three years, been the subject of any complaints, suits, enquiries or proceedings by any party or regulator? ☐ Yes ☐ No
3. Have you in the last three years, suffered losses due to employee dishonesty, theft, disappearance or forgery? ☐ Yes ☐ No
4. Have you ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? ☐ Yes ☐ No

If you have answered 'yes' to any question, please provide details:

Section 8 Indemnity limit

1. Limit of indemnity required:

☐ HKD 5,000,000	☐ USD 1,000,000
☐ HKD 10,000,000	☐ USD 2,000,000
☐ HKD 30,000,000	☐ USD 5,000,000
☐ Other HKD _____	☐ Other USD _____

Section 9 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.

Declaration of Broker Commission (if applicable)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal information collection statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

☐

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.
Full name:
Contact number:
HKID number: ***(for identification purpose)***
Policy/Certificate/Acknowledgement number ***(if you have one):***
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Authorised signature (with company stamp)

_____

Name and position

Date _____ (DD/MM/YY)

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9/F 1111 King's Road, Taikoo Shing, Hong Kong
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Professional Indemnity Proposal Form

Important Notice

Please read the following advice before completing this proposal form.

This proposal is for a claims made policy. A claims made policy only responds to claims made and notified to us during the period of insurance.

The term "PROPOSER" or "You/Your" means the Company (or organisation) listed below and all of its subsidiaries for which coverage is proposed on this form and the "INSURER" or "We/Us/Our" is MSIG Insurance (Hong Kong) Limited.

This PROPOSER is completing this form on behalf of all Insureds (as defined in the policy), it must be signed and dated by an authorised representative of the PROPOSER.

When completing this Proposal Form:

- Answer all questions giving full and complete answers.
- It is your duty to provide all of the information requested on the form as well as to include all material facts.
- A material fact is a known fact and/or circumstance that may influence our decision whether to accept the risk and if so, on what terms. If you are unsure whether a matter is material, you should disclose it. Full details of your duty of disclosure can be found in the following section.
- If the space provided on this form is insufficient, please provide complete answers on an additional sheet, which must be signed and dated.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting this insurance by the PROPOSER.

This proposal form DOES NOT BIND the PROPOSER or the INSURER to complete the insurance but will become part of the insurance policy.

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose every matter within your knowledge that is material to our decision whether to insure you and, if so, upon what terms. You have the same duty to disclose material facts before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require you to tell us anything that:
- Reduces the risk you are insured for; or
- Is common knowledge; or
- We know or, as an insurer, should know; or
- We waive your duty to tell us about.

Note that this duty continues after the proposal form has been completed until the time the policy is in force.

Non-Disclosure

If you fail to comply with this duty of disclosure, we may cancel the policy or reduce the amount we will pay you if you make a claim, or both. If your failure is fraudulent, we may refuse to pay a claim and treat the policy as if it had never existed. It is therefore vital that you make sufficient enquiries before completing this form and before signing the declaration on this form or any addendum; or any declaration that there has been no change in the information you have provided.

Subrogation

Where another person or company would be liable to compensate you for any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person or company, we will not cover you under the insurance for such loss or damage.

Section 1 Details of proposer

Company name:	Company registration number:
Address of head office:	
Web address:	
Place of incorporation:	Date established:
Describe the company's activities:	

Section 2 Nature of profession

1. Please provide a detailed description of the professional business activities which are to be covered by this policy. Brochures and promotional literature that will improve our understanding of your business should be included with this proposal.

Section 3 Financial information

1. Please state gross fees/income by professional business activity for this year and last year. State either the amount or percentage. If you are an accountant, architect, insurance broker, engineer, property manager, surveyor or real estate professional, please complete the corresponding Addendum and attach it to this proposal.

Professional business	Percentage breakdown	Gross fees (last year) (HKD)	Gross fees (current year) (HKD)
Total	100%		

2. Please state turnover by territory for the current year and an estimate for next year:

Territory	Current year (HKD)	Next year estimate (HKD)
Hong Kong		
Asia		
USA and Canada		
Others (please specify location)		
Total		

3. Is any turnover derived from the USA or Canada? ☐ Yes ☐ No
If 'yes', please provide further details on the nature of professional business activities conducted in the USA and Canada:

4. Please provide details of your 5 largest contracts or projects. If you are newly incorporated, please provide a forecast of the 5 largest contracts.

Project/contract	Fee income (HKD)	Project value (HKD)	Completion date (DD/MM/YYYY)

Section 4 Employee information

1. Please state:

	Hong Kong	China	USA/Canada	Others (please specify)
Permanent				
Temporary and outsourced				
Directors and officers				
Total number of employees	Total number of directors, principals and partners			Number of professionally qualified employees

2. Please list details of all directors, principals and partners conducting professional business activities:

Name	Qualifications	Date qualified	Years in practice

If previous business cover is required, please complete the details of the directors, principals and partners requiring this cover below:

Name	Date of leaving previous business

Section 5 Previous insurance cover

1. Do you presently have, or have you ever had, professional indemnity insurance? ☐ Yes ☐ No
   If 'yes', please state:

Insurer	
Limit of liability	
Expiry date	
Deductible	
Retroactive date (if applicable)	

2. Have you or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application or renewal declined, or had special terms imposed? ☐ Yes ☐ No
   If 'yes', please supply details:

Section 6 Claim history

Please ensure appropriate enquiries are made of all directors, principals and partners prior to answering the following questions.

1. Has any claim been made, or has any civil liability been alleged in the last five (5) years against you, your business or any of its predecessors in business or any prior practice of any of your or their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? ☐ Yes ☐ No
   If 'yes', please supply details:

2. Are there any circumstances not already notified to insurers which may give rise to a claim against you? ☐ Yes ☐ No
   If 'yes', please supply details:

Section 7 Indemnity limit

1. Limit of indemnity required:

☐ HKD 5,000,000
☐ HKD 10,000,000
☐ HKD 30,000,000
☐ Other HKD _____

☐ USD 1,000,000
☐ USD 3,000,000
☐ USD 5,000,000
☐ Other USD _____

Section 8 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.

Declaration of Broker Commission (if applicable)

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal information collection statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

☐

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.
Full name:
Contact number:
HKID number: ***(for identification purpose)***
Policy/Certificate/Acknowledgement number ***(if you have one):***
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Authorised signature (with company stamp)

_____

Name and position

Date _____ (DD/MM/YY)

MSIG Insurance (Hong Kong) Limited
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Tel +852 2894 0555, Fax +852 2890 5741
msig.com.hk
A Member of MS&AD INSURANCE GROUP

Addendum for Professional Indemnity - Real Estate

Section 1 Relevant business activities

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

Fees	%	Last year gross (HKD)	Current year gross (HKD)
Sales - Private property			
Sales - Public/Government property			
Sales - Industrial property			
Sales - Commercial property			
Valuations - Private property			
Valuations - Public/Government property			
Valuations - Commercial property			
Valuations - Industrial property			
Facilities management			
Assignments			
Auctioneering			
Residential property management			
Commercial property management			
Industrial property management			
Total			

2. If residential property management is undertaken:
   a. Do any premises managed have swimming pools? ☐ Yes ☐ No
      If 'yes', is a licensed lifeguard provided? ☐ Yes ☐ No
   b. Are the lifts regularly maintained according to a schedule or contract? ☐ Yes ☐ No

3. If you conduct real estate agency business, are you currently CEA registered? ☐ Yes ☐ No
   Do you act for both parties in a transaction? ☐ Yes ☐ No
   How many agents or sub-agents do you have? _____

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

5. 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

MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
msig.com.hk
A Member of MS&AD INSURANCE GROUP

Addendum for Professional Indemnity - Legal

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)
Civil and criminal litigation			
Conveyancing and real estate			
Corporate and commercial			
Corporate finance, capital markets, IPO's, M&A			
Foreign law			
Intellectual property			
Personal law (family, wills, probate etc.)			
Shipping and aviation			
Others, please state			
Total			

Section 2 Employees

1. Please state how many employees you have in each of the following categories:

Legal assistants/paralegals	
Consultants	
Foreign lawyers	
Locum practitioners	
Non-qualified admin staff	
Others (please specify)	

Section 3 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

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Addendum for Professional Indemnity - Insurance Broker

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)
Aviation			
Commercial lines (excluding motor)			
Commercial motor			
Life/pensions/medical			
Marine cargo			
Marine hull			
Personal lines (excluding motor)			
Premium financing			
Private motor			
Investment linked products			
Reinsurance			
Others, please state			

2. Do you confirm that you comply with the statutory requirements specified by Hong Kong Insurance Authority, including but not limit to qualification and experiences, capital, separation of client accounts, proper books and accounts, etc.? ☐ Yes ☐ No

3. Are you Lloyd's brokers? ☐ Yes ☐ No

4. Are you registered as members of Hong Kong Confederation of Insurance Brokers (HKCIB), Professional Insurance Brokers Association (PIBA) or Hong Kong Insurance Authority (IA)? ☐ Yes ☐ No

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

MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road, Taikoo Shing, Hong Kong
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msig.com.hk
A Member of MS&AD INSURANCE GROUP

Addendum for Professional Indemnity - Architects, Engineers, Surveyors and Allied Professionals

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)
Acoustic engineering			
Aerospace engineering			
Architectural			
Chemical engineering			
Civil engineering			
Electrical engineering			
Fire engineering/fire and safety consultant			
Façade design			
Heat/ventilation/air-conditioning engineering			
Interior design			
Mechanical and/or hydraulic engineering			
Nuclear engineering			
Project management			
Structural engineering			
Surveying - building			
Surveying - land			
Surveying - marine			
Surveying - quantity			
Town planning			
Others, please state			
Total			

2. Exterior cladding and panel risks - If activities indicated in bold above are undertaken, do you provide professional services involving wall system, panel, cladding, façade material, external attachment or insulation, including but not limited to: aluminium composite panels, structured insulation panel systems, extruded polystyrene systems, exterior insulation finish systems or external timber panelling systems? ☐ Yes ☐ No
If 'yes', please detail the projects undertaken below:

Project name/address	Professional service rendered	Completion date	Contract value (HKD)	Does the building have an internal fire suppression system?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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