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|  | **SAMPLE**  |
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| **Certification of Insurance under****The HKICPA PII Master Policy by the Scheme Broker** |
| (A) | At the request of |  | ("the Company"),  |
|  |  |  |  | *(Name of company)* |  |
| we hereby, certify on the basis of written information supplied to us in a proposal by the Company that: |
|  | (i) | The Company has professional indemnity insurance ("PII") covers as required by the Corporate Practices (Professional Indemnity) Rules ("the Rules") issued by the Hong Kong Institute of Certified Public Accountants (“HKICPA”) for the period - |
|  |  | From: |  |  | To:  |  |  |
|  |  |  | *(Commencement date: dd/mm/yyyy)* |  |  | *(Expiry date: dd/mm/yyyy)* |  |
|  |  |  |  |  |
|  |  | *(Please “” the appropriate option)* |  |
|  | (ii) |  | The minimum level of indemnity as required by the Rules is fully covered by the HKICPA PII Master Policy. |
|  |  |  | The minimum level of indemnity as required by the Rules is partly covered by the HKICPA PII Master Policy and the top-up insurance is taken out with the insurer below. |
|  |  |  | Name of insurer: |  |  |
|  |  |  |  | *(An additional certification of PII top-up insurance cover by this insurer should be obtained.)* |  |
| (B) | We undertake to inform the Accounting and Financial Reporting Council in writing: |
|  | (i) | Upon notification of a second claim against the Company during any period of insurance; and |
|  | (ii) | Upon expiry or cancellation of the policy under the HKICPA PII Master Policy, if this has not been renewed or reinstated within 14 days. |
| **For and on behalf of:** |  |  |
|  | *(Name of the insurance broker/ insurer of the HKICPA PII Master Policy)* |  |
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|  |  |  |  |
| **Authorized signature** |  | **Company Chop** |  |
|  |  |  |  |
| **Full name in BLOCK letters (and title) of the signatory** |  | **Date** *(dd/mm/yyyy)* |  |

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| **Certification of PII Top-up Insurance****Covered by an Approved Insurer** |
| (A) | At the request of |  |  ("the Company"),  |  |
|  |  |  |  | *(Name of company)* |  |
| we hereby, certify that: |
|  | (i) | The Company has a valid professional indemnity insurance ("PII") policy (“the Policy”) with an insurer who is approved by the Council of the Hong Kong Institute of Certified Public Accountants (“HKICPA”). |  |
|  |  | Name of insurer: |  |  |
|  |  | Period covered from: |  |  | to:  |  |  |
|  |  |  | *(Commencement date: dd/mm/yyyy)* |  |  | *(Expiry date: dd/mm/yyyy)* |  |
|  |  |  |  |  |
|  | (ii) | The terms and conditions of the cover of the Policy meet the requirements of the Corporate Practices (Professional Indemnity) Rules ("the Rules") issued by the HKICPA. |  |
|  |  | *(Please “” the appropriate option)* |  |
|  | (iii) |  | The insurance is arranged through an insurance broker who is a licensed insurance broker company under the Insurance Ordinance (Cap. 41) of Hong Kong - |  |
|  |  |  | Name of broker: |  | ; AND |  |
|  |  |  |  |  |  |  |  |
|  |  |  | The Policy is written by an insurer who is authorized or licensed to carry on insurance business by an insurance authority in a country or territory outside Hong Kong - |  |
|  |  |  | Name of insurer: |  |  |  |
|  |  |  | Authorized by the Insurance Authority of: |  |  |  |
|  |  |  |  |  |  | *(Country Name)* |  |
|  |  |  |  |  |  |  |  |
|  |  |  | The insurance is placed directly with an insurer who is authorized to carry on insurance business by the Insurance Authority of Hong Kong - |  |
|  |  |  | Name of insurer: |  |  |  |
|  |  |  |  |  |  |  |  |
| (B) | We undertake to inform the Accounting and Financial Reporting Council in writing:- |
|  | (i) | Upon expiry or cancellation of the Policy, if this has not been renewed or reinstated within 14 days; and |
|  | (ii) | Upon any changes in the terms and conditions of the cover of the Policy which render our declaration under (A)(ii) above no longer valid. |
| **For and on behalf of:** |  |  |
|  | *(Name of the insurance broker/ insurer of the Policy)* |  |
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|  |  |  |  |
| **Authorized signature** |  | **Company Chop** |  |
|  |  |  |  |
| **Full name in BLOCK letters (and title) of the signatory** |  | **Date** *(dd/mm/yyyy)* |  |