

会计师职业责任保险投保书

PROFESSIONAL LIABILITY INSURANCE PROPOSAL – ACCOUNTANT

- 本投保书必须经由投保人授权的董事的确认、签名、盖章并注明日期。
This proposal must be reviewed, signed, stamped and dated by a duly authorized Director.
- 请回答该表中的所有问题。若填写位置不足，请另附公司信纸作答。
You must answer all the questions in this form. If more space is required to answer a question, continue on your letterhead.
- 签署本投保书并不代表投保人购买本保险合同
Signing this proposal does not bind the Applicant to complete this insurance.

有关投保人的资料

Details of Applicant

1. 投保人名称 北京玛泽会计师事务所(普通合伙)
Name of the Applicant Mazars (Beijing) Certified Public Accountants
- 地址 北京市朝阳区东三环北路甲 26 号博瑞大厦 A 座 16 层
Principal Address Floor 16, Tower A, Borui Building, 26A East 3rd Ring Road North, Chaoyang District, Beijing
- 联系人 Simone 电话号码 (8610)8429 8078 传真号码
Contact Person _____ Telephone _____ Facsimile _____
- 电邮地址 simone.hao@mazars.cn 网址 www.mazars.cn
E-mail address _____ Website _____

2. 投保人成立时间 2021 年 1 月 22 日
When was the Applicant established? 22 January 2021

3. 投保人是否曾更名或曾收购、合并其它机构或其它业务?
Has your name ever been changed, or have you purchased or merged with any other practice or business?

是 Yes 否 No ✓

若有，请另附公司信纸提供详细信息，包括该被并购方的名称、并购时间、新增人员的数目及被并购业务的收入情况。

If yes, please attach details including the name of any practice of which this Practice is a successor, the date of such transaction, the number of employed and the fee income of the previous practice

4. 请说明投保人各分支机构及职责（如需要包含于承保范围中的）
Please list any branch (for which cover is required) together with details of the Partner(s) responsible for each one

不适用 Not applicable

投保人的负责人、合伙人、注册会计师及其他雇员的人数:

Number of Principals, Partners, CPA and other employees:

负责人/合伙人/注册会计师 Principals/Partners/CPA	其他雇员 Other employees
合伙人: 5人 (包括3位薪酬合伙人) Number of Partners: 5 (including 3 salaried partners) 注册会计师: 8人 (不包括合伙人) Number of Certified Public Accountants: 8 (excluding partners)	49

有关投保人业务的资料

Details of the Business

6. 请提供投保人本年度及上一年度的总收入

Please provide your total fee income of the current year and the past year

本年度 (预测) Current year (estimate)	上一年度 Past year
2023年度收入预计为人民币5,000万 Year 2023 revenue is estimated as RMB 50,000,000.	2022年度实际收入为人民币4,723万元 Actual revenue for Year 2022 is RMB 47,230,000.

7. 投保人本年度及上一年度涉外业务收入的比例。涉外业务指为海外机构或实体提供专业服务的业务。就本提问而言,“海外”包括港、澳、台地区。

What are the percentages of the total fee income of the current year and the past year coming from foreign business? Foreign business means business comes from offering professional service to an overseas unit or registered entity. For the purpose this question only, “overseas” includes Hong Kong, Macau and Taiwan.

本年度 (预测) Current year (estimate)	上一年度 Past year
低于5% Less than 5%	低于5% Less than 5%

8. 请提供在上一会计年度中, 投保人从下列各项业务中获得业务收入的比例

Please provide an estimate of the percentage of total annual fees for the last complete financial year from the following categories:

非上市公司的审计、会计、税务服务 Audit / Accountancy/ Company Tax for non-Listed Companies	100%	A/B股公司的审计、会计、税务服务 Audit / Accountancy/ Company Tax for A-Share / B-Share Companies	N/A
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H股公司的审计、会计、税务服务 (含A+H股上市公司) Audit / Accountancy/ Company Tax for H-Share Listed Companies (including A+H listed companies)	N/A	海外上市公司的审计、会计、税务服务 Audit / Accountancy/ Company Tax for Overseas Listed Companies	N/A
合并及收购 Mergers and Acquisition	N/A	破产/清算 Insolvency/ Liquidation	N/A
管理及信息技术风险咨询 Management and IT Consultancy	N/A	个人税务 Personal Taxation	N/A
公司注册及事务处理 Company Secretarial/ Registrar	N/A	遗嘱执行/托管 Executor/ Trusteeship	N/A
其他 (请具体说明) Others (please specify)	N/A	合计 TOTAL	100%

9. 是否有单一客户的业务超过公司业务总收入30%?
Does anyone client make up more than 30% of your total fee income?

是 Yes 否 No ✓

如有, 请说明:
If yes, please provide:

服务类型和服务区域 Type of Service and Country	收入 Fee Income	起期 Date Commenced	终期 Date Finished

10. 投保人在随后12个月内是否有并购其他机构的计划?
Is the Applicant planning any merger or consolidation with another entity within the next 12 months?

是Yes 否No ✓

若答案为“是”, 请另附公司信纸提供详细信息。
If yes, please attach details.

有关投保人的风险管理 Managing Risk

11. 投保人是否与每位客户签订书面服务合同?
Does the Practice always use engagement letters?

是 Yes ✓ 否 No

如有, 请说明服务合同中是否载明以下信息:
If 'yes' do the engagement letters outline:

(a) 服务范围
The scope of services to be performed

是 Yes ✓ 否 No

(b) 客户的职责
The responsibilities of the client

是 Yes ✓ 否 No

(c) 对提供服务的限制
Limitations/ restrictions in respect of any services performed

是 Yes ✓ 否 No

12. 投保人是否向客户提供超越服务合同约定范围的建议或服务?
Do you provide advice or services which fall outside the scope of the letter of engagement?

是 Yes 否 No ✓

13. (a) 投保人是否制定有关利益冲突守则的书面政策
Do you have a written policy specifying the conflicts of interest procedures which include a cross check system and back up?

是 Yes ✓ 否 No

(b) 在存在利益冲突的情况下，投保人是否：
In the event of a conflict of interest do you:

书面通知客户?
Inform the client in writing?

是 Yes ✓ 否 No

建议客户寻求中立意见?
Advise the client to seek independent advice?

是 Yes ✓ 否 No

继续为客户提供服务?
Continue to act for the client?

是 Yes 否 No ✓

(c) 投保人是否为与其合伙人或会计师具有合伙、领导或其他财政利益关系的客户提供专业服务?
Does the Practice undertake any professional services for any client in which any Partner or Accountant holds a partnership/directorship or have any other financial interest?

是 Yes 否 No ✓

若有，请另附公司信纸提供详细信息
If yes, please attach details

14. 投保人的会计师担任客户或第三方的董事或高管前是否必须获得投保人的书面许可?
Does the firm has any policy which requires prior approval in writing for an Accountant to serve as an Officer and/or a Director of a client or third party?

是Yes 否No

目前无该项业务及相关计划

Currently there is no such business and business plan in this respect.

15. (a) 投保人是否具备文件审查系统便于业务经办人以外的会计师进行临时抽查?
Does the firm have a file review system which requires randomly selected files to be audited by an accountant other than the accountant handling the file?

是 Yes ✓ 否 No

- (b) 该文件审核系统是否包括合伙人之间进行的审核?
Does the file review system include Partner to Partner auditing?

是 Yes ✓ 否 No

有关此前投保同类保险的经历

Insurance History

16. 投保人最近是否投保过同类保险?
Do you currently have similar insurance?

是Yes ✓ 否No

若有, 请提供:

If yes, please provide details:

保险期限 Period of Insurance	保险人 Insurer	赔偿限额 Limit of Liability
Please refer to Aon.	Please refer to Aon.	Please refer to Aon.

17. 投保人是否曾发生投保同类保险被拒保或保险合同被解除、撤销的情况?
Has any application for similar insurance been refused, or has any similar insurance ever been rescinded or cancelled?

是 Yes 否 No ✓

若有, 请另附公司信纸提供详细信息

If yes, please attach details

赔偿限额、免赔额

Limit of Liability, Retention

18. 投保人欲投保的每次及累计赔偿限额
What Limit of Liability does the Firm require?
Confirm via email. 邮件沟通确认
19. 投保人计划承担的每次索赔免赔额
What retention (any one claim) is the Applicant prepared to carry?
Confirm via email. 邮件沟通确认

赔偿纪录

Loss Experience

20. 在过去5年内，投保人、其前任或现任的负责人、合伙人、董事及高级管理人员是否曾被提起有关职业责任保险的赔偿请求？（赔偿请求包括对投保人提出的书面赔偿要求/法院传票/民事诉讼/仲裁调查）无论该赔偿限额是否超过投保人应自行承担的额度。）
Has any claim been made against the Applicant, principals, directors, officers, employees in the past five years in respect of liability for which indemnity could have been sought under professional indemnity insurance whether or not this is/was below the self insured excess?
- (a) 已偿付的赔偿请求
Claims Paid
- 是Yes 否No ✓
- (b) 未偿付的赔偿请求
Claims Outstanding
- 是Yes 否No ✓
21. 经调查了解，截止签署本投保书当日，投保人的负责人、合伙人、董事及高级管理人员是否知悉已做出或存在任何可依本保险合同索赔的任何失误、疏忽、过错、情形或指控？
Are any of the principals, partners, directors or officers aware, after inquiry, and as of the date of signing this application, of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you or any person or entity applying to be insured under this proposed contract of insurance?
- 是Yes 否No ✓
22. 投保人现有及过去的业务，或任何现任、前任的负责人、合伙人、董事及高级管理人员是否曾受到政府、管理机构或行业协会的处罚或调查？
Have you, your predecessors in business, or any current or former professional personnel, or employees ever been the subject of disciplinary action or investigation by any authority or regulator or professional body?
- 是Yes 否No ✓

如存在本部分任何所述的情况，请提供相关赔偿请求的详细资料，包括：

If Yes to any of the questions in this section, please provide full details and the status of each claim, lawsuit, allegation or matter, including:

- 赔偿请求提起的时间
the date of the claim, suit or allegation
- 赔偿请求的金额
the amount claimed by the claimant
- 投保人向前保险人通知的时间
the date you notified your previous insurers
- 该赔偿请求是否仍在进行中或已结束
whether the status is outstanding or finalized
- 赔偿请求和提起人的名称
the name of the claimant and the project
- 已赔付赔偿请求及抗辩费用的金额
the amounts paid for claims and defence costs to date
- 对投保人的指控
the allegations made against you

重要提示

IMPORTANT NOTICE

您的披露义务

Your Duty of Disclosure

在您与保险公司签订保险合同之前，根据保险法的规定，您有义务披露所有已知的或合理预期应该知道的可能影响保险人决定是否承保以及承保条件的事项。在续保、延长保险期限、变更保单内容或恢复保险合同效力前，您也有义务披露所有已知的或合理预期应该知道的可能影响保险人决定是否承保以及承保条件的事项。

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Law, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

但披露事项并不包括下述内容:

Your duty however does not require disclosure of any matter:

- 保险公司所承担的风险程度减少;
that diminishes the risk to be undertaken by the Insurer;
- 为众人所知悉的信息;
that is of common knowledge;
- 保险公司已知或在通常的业务工作中应当知晓的事项;
that your Insurer knows or, in the ordinary course of its business, ought to know;
- 经保险公司声明不必通知的事项;
as to which compliance with your duty is waived by the Insurer.

由于在本投保书您所回答或披露的讯息皆为您所确认。如您对其中某项有不甚明白之处，在签署本投保书前应该确认理清。

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

投保手续完成后，您仍然负有披露义务，直到保险合同订立。

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

不批露

Non-Disclosure

本投保书如果存在投保人怠于履行告知义务的情形，保险公司有权减少对保险事故的赔偿责任或解除本保险合同。
If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

本投保书如果存在欺诈意图而不批露，则保险公司有权自始解除本保险合同。

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

风险或资料变更

Change of Risk or Circumstances

若投保人在投保书中所批露的事项，例如营业地址、并购和新的海外业务活动有所变更等，应尽快通知保险公司。

You should advise Insurance Company as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

代位求偿

Subrogation

投保人因保险合同承保范围内之损失而对于第三人有损失赔偿请求权者，不得擅自放弃对第三人的求偿权利，否则，依据法律规定保险公司将对该项损失不予承担赔偿责任。

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy, that you will not seek to recover such loss or damage from that person, Insurance Company will not cover you, to the extent permitted by law, for such loss or damage.

投保人声明

Declaration of the Applicant

- 我们谨此确认对于投保书中的重要注意事项已充分阅读与了解。
We have read and understood the Important Notice contained in this application
- 我们谨此同意本投保书及随附之相关讯息或文件，皆视同保险合同的一部份。
We agree that this proposal, together with any other information or documents supplied, will form the basis of any contract of insurance.
- 我们谨此同意投保书一旦达成一致意见，则保险合同将依保险公司所签发的保险单条款或其它书面特别载明的规定约束双方。
We acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by Insurance Company.
- 经调查了解，我们谨此声明本投保书中的所有陈述、细节和信息以及所附任何资料是真实、可靠的，没有任何遗漏、隐瞒或忽略。
We declare, after inquiry, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

- 我们谨此同意在保险合同完成前，将任何重要事项的变更告知保险公司。
We undertake to inform Insurance Company of any material alteration to those facts before completion of the contract of insurance.

签字、盖章:

Signed and stamped:



日期: 2023年6月30日

Date: 30 June 2023

签字人姓名:

Name of signatory:

王健良