



## PROFESSIONAL INDEMNITY INSURANCE Insurance Brokers - Agents (Companies) PROPOSAL FORM

**IMPORTANT NOTICE**: Reply to all questions. All information provided is confidential.

Name:					
Address:					
Tel:	Fax:		Email:		
АФМ:	Registration I	No.:	Date Established	d:	
. DIRECTORS-PART	MEDC				
, DIRECTORS-I ART	Full Name		Years of Experience	Position in C	ompany
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	ATION (Answer to all following asurance Company represent most				
V. SPECIAL INFORM	ATION (Answer to all followin	g questions. Where YES, p	olease provide details in	the next page *	)
				the next page *	
. Does any Client or Ir	nsurance Company represent mo	re than 30% of your work?		the next page *	
. Does any Client or Ir	nsurance Company represent monagreement with licensed Insurance	re than 30% of your work?	?		
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Does any Client or In  Do you have formal a  Do you collaborate a  Do you earn any of	asurance Company represent mos agreement with licensed Insurance s Insurance Agent / Consultant v	re than 30% of your work? ce Consultants? with any Insurance Broker? ciled outside Greece?	?	<ul><li>☐ YES</li><li>☐ YES</li><li>☐ YES</li><li>☐ YES</li></ul>	
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	Last Year	Current Year (estimation)
TOTAL NET PREMIUM GENERATED (€)		
1. Your Total Net Retained Commission (€)		
2. Commissions paid to Insurance Consultants (€)		
TOTAL COMMISSIONS (1 +2)		

## In case you wish to insure any «tied» licensed Insurance Consultants, provide details below

Full Name /Ονοματεπώνυμο	Registration Nr

I declare on behalf of the Firm that the statements in this Proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal, together with any other information supplied by me, shall form the basis of the contract of insurance effected thereon. I/We undertake to inform the Insurer of any material alteration to these facts occurring before completion of the insurance contact. Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

Date:/	Seal
Signature / Full Name	