

**PROFESSIONAL INDEMNITY INSURANCE
Certification Bodies & Laboratories
RISK ANALYSIS QUESTIONNAIRE - PROPOSAL FORM**

TYPE & CLASSIFICATION

- Certification Body** (Systems Products Verifications Professions)
- Laboratory**

I. GENERAL DATA

Company Name:		
Address:		Website:
Tel:	Fax:	Email:
Tax Registration Nr -Year Established: /		

II. DETAILS OF PRACTICING PRINCIPALS–PARTNERS–OFFICERS

Full Name	Qualifications –Yrs of Experience	Position in Firm – Years

PERSONNEL

Total Nr of Personnel:

Principals – Partners – Officers: ...

Qualified Staff: ...

Contract hired Staff: ...

Administrative: ...

III. PROFESSIONAL ACTIVITY- CLIENTELE

1. Provide full description of your main Professional activities. Indicate respective approximate percentage of total fees (based on last completed financial year):

Description of Activity	% of Fees

2. Nr. of Certificates issued last or estimate current year:

Less than 200 Between 200 to 2000 More than 2000

3. Please split your last completed financial year's income approximately, between the following business disciplines. If a new business, please split your estimated income for the current/forthcoming year:

SERVICE COMPANIES % | COMMERCIAL % | INDUSTRY %

4. Refer % of the total fees on the following sectors:

	(%) of total fees
a) Food (Production & Trading)	
b) Construction building Materials	
c) Chemical	
d) Fuels oil & Lubricants	
e) Pharmaceutical	
f) Toys-childcare products	
g) Domestic products	
h) Industrial materials -machinery	
i) Personal protective equipment	
j) Electrical	
k) Medical – Radiochemistry	
l) Environmental- i) water (ground-river-waste) ii) soil iii) gas	
m) Other (specify).....	

IV. GENERAL QUESTIONS

1. Are you connected or associated (financially or otherwise) with any Firm or Company? / YES NO

If YES, give details:

2. Are any Clients generating more than 30% of your total fee income? YES NO

If YES, please give details:

3. Is any work put to Sub-contractors? If YES, give details: YES NO

a) What percentage of your fees is paid to Sub-contractors?%

b) Do you require Sub-contractors to carry out own Professional Indemnity insurance? YES NO

4. Do you provide any services in Motor, Shipping or Aviation Industry? (If YES, Specify) YES NO

5. Do you have any involvement in hazardous waste transportation, treatment, processing, recycling, incineration or disposal facilities? (If YES, please specify) YES NO

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6. Are you directly involved in any process of manufacture, construction, alteration, repair, installation YES NO or sale or supply of **products, other than consultancy/ services as described above?** (If YES, give details):

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7. Do you undertake any work whatsoever where the "end product" of such work is carried out outside YES NO Greece or for overseas Clients? (If YES, details are required):

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8. Could your Professional Activity be related to incidents that may provoke:

- | | | |
|--|------------------------------|-----------------------------|
| 8.1 Loss of life or injury to a person? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.2 Destruction or damage to physical property? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.3 Immediate and large financial loss? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.4 Significant cumulative financial loss? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8.5 Insignificant financial loss (more of a nuisance)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Where YES, please specify question Nr and comment

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9. Which are your arguments and procedures applied in order to minimize above risks?

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9.1 Are you admitted to any Association conforming to professional code of practice? YES NO

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9.2 Are you accredited to any quality assurance systems such as ISO9000? YES NO

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9.3 Do you have written procedures or check lists for the services performed and for ensuring that YES NO Clients requirements are identified and can be satisfied? (If YES, give details):

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9.4 Do you use a standard form of contract agreement or letter of appointment? YES NO

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V. GROSS INCOME FEES (last 2 years & estimation for current year)

	201..	201..	201..
Greece	€	€	€
Abroad (except USA & Canada)	€	€	€
TOTAL	€	€	€

VI. EXPERIENCE (Please mention the major 2-3 contracts☺)

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VII. PREVIOUS INSURANCE & PREVIOUS CLAIMS INFORMATION

Have you previously been insured? (If so, specify): YES NO

Insurance Company	Policy Period	Limit of Indemnity

- a) Have you been subject to any disciplinary proceedings or incurred any fines or other sanctions by governmental, regulatory or professional body? YES NO
- b) Have any claims been made against your Firm during the past years? YES NO
- c) Are you aware of circumstances that may result in claim? YES NO

Where YES, give respective details:

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VIII. INDEMNITY REQUIRED

Indemnity Limits:

Extensions Required:

I declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. In case the insurance is concluded, I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

Stamp

Date.... /..... /.....

Signature / Name (Partner/Principal/Director):

IMPORTANT NOTICE

1. All questions must be answered to enable a quotation to be given
2. All information provided is confidential.
3. This proposal is for a "Claims made" Insurance Policy.