

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

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

I. GENERAL DATA

Name:		
Address:		
Tel:	Fax:	Email:
ΑΦΜ:	Registration No.:	Date Established:

II. DIRECTORS-PARTNERS

Full Name	Years of Experience	Position in Company

III. TOTAL PERSONNEL: (Directors-Partners:....., Administrative Staff:.....)

IV. SPECIAL INFORMATION (*Answer to all following questions. Where YES, please provide details in the next page **)

1. Does any Client or Insurance Company represent more than 30% of your work?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you have formal agreement with licensed Insurance Consultants?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you collaborate as Insurance Agent / Consultant with any Insurance Broker?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Do you earn any of your income from Clients domiciled outside Greece?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Do you have any authority to set terms, bind risks and/or issue Policies on behalf of Insurance Companies	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Did you have any PI cover in the past?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever bought Professional Indemnity Insurance before?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Have any Professional Indemnity claims ever been made against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you aware of any circumstances, which may result in a claim against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO

(*) ADDITIONAL DETAILS

.....

.....

.....

.....

.....

V. NATURE OF ACTIVITY & VOLUME OF TOTAL INCOME /(%)

Motor-Household-Personal Lines	%
Non Marine-Commercial Lines	%
General Liability	%
Cargo	%
Marine (hull other than Pleasure Boats)	%
Life-Health-Medical-Financial Products	%
Reinsurance	%
Other:	%
TOTAL	100%

VI. INCOME DETAILS

	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