

PROFESSIONAL INDEMNITY INSURANCE
Independent LAWYERS
PROPOSAL FORM

CONDITIONS

- NO services to Financial Institutions, Stock Exchange Companies, Shipping Companies, Mergers–Acquisitions
- Proposal Form fully completed, dated and signed (Information provided is confidential)

GENERAL DATA

| | | |
|------------------------------|------|---------------|
| Full Name: | | |
| Address: | | |
| Tel: | Fax: | Email: |
| Tax Registration Nr: | | Year started: |
| Member of Professional Body: | | |

TOTAL FEES (€)

| Total Fees € / Year | 201... | 201... | 201... |
|---------------------|--------------------------|--------------------------|--------------------------|
| < 30,000€ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30,000€ - 70,000€ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70,000€ - 150,000€ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 150,000€-300,000€ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| > 300,000€ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ACTIVITIES (% of gross fees received during last year)

| | | | |
|------------------------|--------|-------------------------------|-------------|
| Common Law, Litigation | % | Patents-Intellectual Property | % |
| Real Estate conveyance | % | Criminal issues | % |
| Cadastral issues | % | Other | % |
| Corporate–Commercial | % | TOTAL | 100% |

CLAIMS

1. Have any claims ever been made against you? YES NO
2. Are you aware of any circumstances that may result in a claim? YES NO

(If YES, give details below)

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INDEMNITY COVER

Per Claim/ Aggregate per year 100,000€/ 200,000€ 200,000€/ 400,000€ 300,000€/ 600,000€

Deductible 1,000€ 2,000€ 4,000€

I declare that the above conditions are valid, the statements in this Proposal are true and that I have not misstated or suppressed any material facts. I agree that this proposal shall form the basis of my insurance contract effected thereon and I undertake to inform the Insurers of any material changes

Date: ___ / ___ / ___

Seal- Signature: