

**PROFESSIONAL INDEMNITY INSURANCE  
Independent Insurance Intermediaries**

**PROPOSAL FORM**

**GENERAL DATA**

Full Name:		
Address:		
Tel:	Fax:	Email:
Tax Registration No:		Registration No in Professional Chamber:

**FINANCIAL DATA**

Μέσος όρος 2 τελευταίων ετών: .....
Εκτίμηση για το τρέχον έτος: <input type="checkbox"/> < 30,000€ <input type="checkbox"/> 30,000€ -70,000€ <input type="checkbox"/> 70,000€ -150,000€

**DIVISION OF ACTIVITIES (% of total Fees)**

Motor-Household-Pleasure Boats etc	%
Life-Health-Financial Products	%
Business – Corporate	%
Other (Specify)	%
<b>TOTAL</b>	<b>100 %</b>

**CLAIMS-INCIDENTS**

Have any claims been made against you or are you aware of any circumstances that may result in a claim?  YES  NO

If "YES" specify: .....

.....

**INDEMNITY REQUIRED**

Any one accident **1,250,618€**- Annual aggregate **1,875,927€** - Deductible: 1,500€

I declare that the statements in this proposal are true and that I have not mis-stated or suppressed any material facts. I agree that this proposal, shall form the basis of any contract of insurance effected thereon and I'll declare any material changes in information contained herewith.

Date: ... / ... / .....

Stamp

Signature