

**PROFESSIONAL INDEMNITY INSURANCE**  
**Independent ACCOUNTANTS**  
**PROPOSAL FORM**

**CONDITIONS**

- NO services to Financial Institutions, Stock Exchange Companies, Shipping Companies or for Liquidations - Mergers – Acquisitions
- NO claims or circumstances that may result in a claim
- Proposal Form fully completed, dated and signed (Information provided is confidential)

**GENERAL DATA**

Full Name:		
Address:		
Tel:	Fax:	Email:
Tax Nr:	Year Profession started:	
Member of Professional Body		

**TOTAL FEES (€)**

Average of last two years: .....	
Estimation for current year:	<input type="checkbox"/> < 30,000€ <input type="checkbox"/> 30,000€ -70,000€ <input type="checkbox"/> 70,000€ -150,000€

**ACTIVITIES (% of gross fees received during last year)**

Taxation	%
Examination of Annual Reports	%
Management Consultancy	%
Other:.....	%
<b>TOTAL</b>	<b>100%</b>

**PLEASE ANSWER ALL QUESTIONS**

1. Is a major part of your work carried out for only one Client?  YES    NO
2. Have any Partner or Director of the Companies to be insured been found guilty of any Criminal, dishonest or fraudulent activity or been investigated by any regulatory body?  YES    NO
3. Have any claims ever been made against you?  YES    NO
4. Are you aware of any circumstances that may result in a claim?  YES    NO

(Where YES, refer Nr of question & give details below)

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**INDEMNITY REQUIRED / ΑΣΦΑΛΙΣΤΙΚΗ ΚΑΛΥΨΗ**

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 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