

Ag. Code
Name

## **CYPRUS - PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR ACCOUNTANTS**

1. Name of proposer:			Identity Card No. / Company Registration No.	
2. All operating addresses				
3. Telephone number				
4. Date of establishment				

5. Income details:

Last financial year	Current financial year	Estimate for next financial year	What is the date of your last complete financial year end?
20.....	20.....	20.....	Month & Year
<b>Total fees</b>	€	€	€

6. Split of income:

Accountancy	Audit	Tax related work	Management Cons	Other (specify)
%	%	%	%	%

7. Staff details:

Number of partners	Total number of staff

8. Partners information:

Partner's name	Qualification	Date obtained	Number of years with proposer	Number of Σ.Ε.Α.Κ

9. Does any client or contract represent more than 20% of your work?

10. Do you anticipate any major changes in your activities in the forthcoming twelve months?

11. Do you earn any of your income from clients domiciled outside Cyprus?

12. Have any Professional Indemnity claims ever been made against your firm?

13. Are you aware of any circumstances which may give rise to a claim against you?

14. Have you ever bought Professional Indemnity insurance before?

15. Limit of indemnity required?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Per event	Aggregate
€	€

If the answer to any of these questions is YES, please provide full details.

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I declare that the statements and particulars in this proposal form are true and that I/we have not mis-stated or suppressed any material facts.  
 I/We agree that this proposal form together with any other information supplied by me/us shall form the basis of any contract of insurance effected hereon. I/We undertake to inform underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

<b>Signed by a partner:</b>		<b>Date:</b>	
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