

Proposal Form for Accountants and Lawyers

PROFESSIONAL INDEMNITY FORM FOR ACCOUNTANTS AND LAWYERS

1. Please answer all questions, wherever applicable fully.
2. You are to disclose in this Proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Section A - General Information

1. Name of firm
2. Address (if more than one, please give each address and indicate partner or principal responsible at each address):
.....
.....
3. When was firm established?
4. Has the name of the firm been changed, any other business purchased or any merger or consolidation taken place during the past five years?
.....

YES

NO

If "yes", please give details:

5. What professional association, if any, does your firm belong to?
.....

6. What are the dates of your firm's financial year?

From To

7. What are the gross fees for

- a) 12 months prior (Audited)
- b) Months expiring
- c) Estimate next 12months

Please explain any substantial variations in consecutive years:

.....
.....
.....
.....

8. Does the firm's practice extend or has it ever extended to activities in foreign countries?

YES NO

If "Yes", please indicate the approximate percentage of gross fees derived:

- a) From domestic activities
- b) From foreign activities
- Total 100%
- c) Countries
- d) Method of handling such business

9. **[For accountants only]** – Indicate the approximate percentage of gross fees derived from the following activities:

	Approximate percentage (if none, state "NONE")
a) Audit and company tax accounting	%
b) Tax accounting only	%
c) Management consulting	%
d) Consulting only	%
e) Secretarial and share registration	%
f) Executorship and trusteeship	%
g) Insolvencies, Liquidation, Receiverships	%
h) Any others (please give details)	%
Total:	100%

9. **[For accountants only]** – Indicate the approximate percentage of gross fees derived from the following activities:

	Approximate percentage (if none, state "NONE")
a) Real estate conveyancing	%
b) Litigation	%
c) Estate work	%
d) Commercial matters	%
e) Criminal Law	%
f) Corporate (receiverships, sales of assets, securities & exchange etc.)	%
g) Patents	%
h) Any others (please give details)	%
Total:	100%

Section B - Personnel

11. Practicing partners or principals:

Name	Qualifications and date qualified	How long practicing with this firm/previous firm

12. Former, retired or deceased partners:

Name	Qualifications and date qualified	How long practicing with this firm/previous firm

13. Total number of practicing partners, principals and staff:

	PERMANENT	TEMPORARY
a) Partners / principals/ executives		
b) Other qualified professionals		
c) Staff other than Typists, telephonists, receptionists, office boys and messengers		
d) Typists, telephonists, receptionists, office boys and messengers		
Total:		

14. Have any of those listed in question (11) ever been subject to disciplinary action by authorities as a result of their professional activities?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

If "Yes", please give details:

.....
.....
.....
.....

Section C - Insurance requirements

15. What amount of indemnity is required? (in the alternative if required)

A)
B)
C)

16. What deductible amount would the firm be willing to carry in respect of each claim? (A minimum deductible is required depending on the size of the firm and indemnity selected)

A)
B)
C)

17. Does the firm require indemnity of any or all the following extensions for which extra premium is required?

Retroactive cover extension

Do you require this extension? YES NO

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

How many years of retroactive cover do you require / retro date required?

.....

Section D - Previous coverage

18. Has the firm in the past been insured for professional liability risks?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

a) Date of first insurance	
b) Name of first insurer	
c) Deductible borne by firm	
d) Amount of indemnity	
e) Expiry date of policy	

Is the firm at present insured for professional liability risks?

YES NO

If "Yes", please state the following:

a) Name of insurer	
b) Deductible borne by firm	
c) Amount of indemnity	
d) Expiry date of policy	
e) Premium paid	

Has insurance cover between date of first cover and present application been interrupted?

YES NO

If "Yes", please give details:

.....
.....
.....
.....

If extension for retroactive cover is required (see No.17) and the firm has been insured in the past, have the limits of indemnity differed over the years?

YES NO

If "Yes", please state the limit of indemnity taken up for each period:

Period	Limit of indemnity

19. Has an application for insurance on behalf of the firm or their predecessors in business or any of the present partners or principals been declined or has any such insurance been cancelled or renewal refused or have special terms imposed?

YES NO

If "Yes", please give details:

.....
.....
.....
.....

20. Have any claims been made against negligence alleged against the firm or their predecessors in business of any of the present or former partners or principals?

YES

NO

If "Yes", please state the cause and nature of all claims including the amount involved, names of the partner and claimant involved, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition:

.....

.....

.....

.....

21. Are the partners or principals, after enquiry, aware of any circumstances which may result in any claim being made against the firm, its predecessors in business or any of its present or former partners or principals?

YES

NO

If "Yes", please give details:

.....

.....

.....

.....

PAYMENT OF PREMIUMS

I intend to pay the premium to be notified to me according to the dates mentioned in the relevant premium payment clause as follows:

- Through Direct Debit from my Bank Account No.
with the Bank
- Debit Card No. Expiry Date:/...../.....
- Cash-Cheque
- with Automatic Standing Order (Direct Debit) from my Account Number
with the Bank
- Through our website www.progressiveic.com

DECLARATION

I declare that the above statements and details are true and that no material information has been concealed, altered or presented inaccurately. I also agree that this proposal shall be fully binding for me and shall be the basis for my insurance policy between me and PROGRESSIVE INSURANCE COMPANY LTD

I / We declare that the statements and particulars in this proposal are true and that I / we have not misstated or suppressed any material facts. I / We agree that this proposal, together with any other information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / We undertake to inform the company of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

For and on behalf of (Insert name of firm):

Signature of principal / partner:

Name of signatory: Date.....

The General Data Protection Regulation (GDPR) sets out the principles followed by Progressive Insurance Company Ltd. ("Progressive") when processing your personal data, as it pertains to all services rendered by Progressive, including your insurance.

The intent for which Progressive collects, processes and retains your personal data throughout the term of your relationship with us as a customer or prospect customer correlates with insurance policies issued for you, and you as a prospective customer.

Our records may include both sensitive and non-sensitive personal data of yours.

We obtained content of our records either directly from you, or via relevant documents, agents, and interviews submitted or executed during the insurance application process with your conveyed consent. The records will be periodically updated in the same manner as they have been collected.

Your personal data is stored on our servers located in Cyprus, controlled by our staff. We have security measures in place which ensure the confidentiality of the information contained in the database and these security measures are subject to continuous review and upgrade.

CONSENT

Having read the above information I confirm that the above information is clear to me and that:
I voluntarily consent to Progressive for the collection, processing, and retention of my personal data as a prospective customer or insured customer or for processing of claims related to my insurance;

I consent that Progressive may transfer my personal data without restriction to process my policy and/or to process related claims, if any; and

I confirm that I have been informed and understand my rights to: access and adjust personal data, file a written, motivated request to cease processing or objection against processing of personal data, and withdraw a consent at any time by submitting written withdrawal to the Data Protection Officer or by email to customercare@progressiveic.com

I would like to be informed about services offered by Progressive either by email or text (sms) to my mobile phone.

.....
Signature

.....
Date

INSURANCE AGENT / INTERMEDIARY / EMPLOYEE DECLARATION

I (Insurance Agent / Intermediary / Employee) from I declare that I have not failed to provide the person concerned with any essential information regarding the insurance contract and that:

a. I am the holder or authorized employee of an Insurance Agent / Intermediary with a Certificate of Registration No issued by the Superintendent of Insurance Office

b. I am an authorized employee of the Insurance Company.

.....
Signature

.....
Date