**QUESTIONNAIRE FOR PROFESSIONAL INDEMNITY INSURANCE**

**COMPANY INFORMATION/SELF-EMPLOYED PERSON**

|  |  |
| --- | --- |
| **Company name:** |  |
| **Registered office:** |  |
| **Company ID number:** |  |
| **Web:** |  |
| **Contact:** |  |

**INFORMATION ABOUT THE ACTIVITY OF THE COMPANY/SELF-EMPLOYED PERSON**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of employees:** |  | **Number of operations:** |  |
| **Number of cooperating persons:**  |  | **Annual wage turnover:** |  |
| **Previous year turnover:** |  |
| **Anticipated subsequent turnover:** |  |
| **Description of professional activity:** |  |
| **List the main purchasers of goods and services:** |  |
|  |
|  |
|  |
|  |

**INFORMATION ABOUT DAMAGE HISTORY:**

|  |
| --- |
| **Have you caused any damage to third parties over the last five years** [ ]   **YES** (if yes, please, explain below)[ ]   **NO**  |
| **Description of damage:** |  |
| **Cause of damage:** |  |
| **Scope of damage:** |  |

|  |  |
| --- | --- |
| **Description of damage:** |  |
| **Cause of damage:** |  |
| **Scope of damage:** |  |

**INFORMATION ABOUT THE CURRENT INSURANCE:**

|  |
| --- |
| **Do you currently have professional liability insurance** [ ]   **YES** (if yes, please, describe below)[ ]   **NO**  |
| **Current insurer:** |  |
| **Sum assured:** |  | **Deductible:**  |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Annual premium:** |  |

**REQUIRED SCOPE OF INSURANCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sum assured for professional liability insurance** (€) |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:**  |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Sub-limit (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_):** |  | **Deductible:** |  |
| **Territorial scope** | [ ]  Slovakia, Czech Republic, Hungary, Poland and Austria[ ]  Europe[ ]  World (excluding the USA and Canada)[ ]  World (including the USA and Canada) |

If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.

**I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.**

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_