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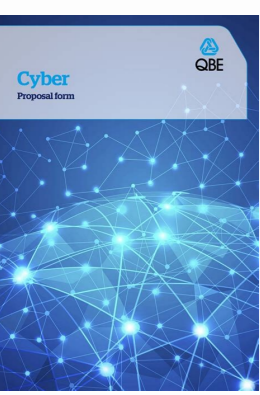
# Camargue professional indemnity proposal form

**Consent to terms**  
 THIS AGREEMENT is made effective as of the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by and between \_\_\_\_\_ the "Company" and \_\_\_\_\_ the "Contractor".

**RECITALS**  
 WHEREAS, the Contractor acknowledges that the Contractor has the experience, knowledge and resources that are available to the Company, and  
 WHEREAS, the Contractor desires to obtain the services of the Contractor, and the Contractor desires to be bound by the terms and conditions of the following terms and conditions.

**AGREEMENT**  
 NOW, THEREFORE, the parties hereby agree as follows:

- General Conditions.**
  - The Contractor hereby agrees to provide services to the Company as required by the Company from time to time, under the terms and conditions of the terms and conditions of the Company and will accept a primary obligation to the Company.
  - Throughout the term of this Agreement, the Contractor will make reasonable efforts and attention to the performance of such obligations.
  - The Contractor shall not be held liable for any negligence, but the Contractor is not liable for any negligence, and the Contractor, upon and without a breach of the Company for any negligence. The Contractor shall have no right to sue and shall not accept the money or amount for which the services are performed by the Contractor.
- Indemnification.** The Contractor agrees to perform the following duties for the Company: (But not A, A, B, C, etc.)
- Consent.** In consideration of the services to be rendered hereunder by the Contractor, the Company shall compensate the Contractor as follows:



## PROFESSIONAL INDEMNITY PROPOSAL FORM

Completion of this proposal form in no way binds the Proposer to purchase professional indemnity insurance, nor does it bind insurers to provide the requested insurance.

1) NAME: \_\_\_\_\_  
 ESTABLISHMENT DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

2) Details of all Principals, Partners or Directors:

NAME	AGE	QUALIFICATIONS
1. _____		
2. _____		
3. _____		
4. _____		

3) Breakdown of Company Turnover:

US	USA-CANADA	OTHER	TOTAL
TOTAL TURNOVER IN LAST FINANCIAL YEAR	€	€	€
ESTIMATED GROSS FEE FOR NEXT FINANCIAL YEAR	€	€	€
LARGEST FEE FROM ANY ONE CLIENT	€	€	€

4) Full Description of Activities, with percentage breakdown (estimated if no historical data):

Activity	Percentage
_____	____%
_____	____%
_____	____%
_____	____%

## Accountants Professional Indemnity Proposal

Please print your answers clearly to assist the insurers' consideration of the proposal

**1 - General information**

Contact Name: \_\_\_\_\_  
 Name of Firm to be Insured: \_\_\_\_\_  
 Trading Address: \_\_\_\_\_  
 Date first established: \_\_\_\_\_  
 e-mail: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web Site: \_\_\_\_\_

Address of all other offices requiring cover (if applicable): \_\_\_\_\_ Not Applicable:

**2 - Details of Principals / Staff**

Full Names of Sole Trader / Directors / Partners	Date of BIRTH	Qualifications/Date Qualified	Number of years in this capacity (in this firm)

If less than 5 years experience please give details of any previous occupation(s): \_\_\_\_\_

NAMES OF ALL CONSULTANTS	DATE OF BIRTH	QUALIFICATIONS/DATE QUALIFIED	NUMBER OF YEARS IN THIS CAPACITY (IN THIS FIRM)

ONCE YOU HAVE COMPLETED THE QUESTIONS ABOVE PLEASE SIGN AND DATE THE PROPOSAL AT THE DECLARATION BELOW. SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.

### Declaration

We declare that we have made all necessary enquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated or suppressed. We agree that should any of the information given by us alter between the date of this proposal and the commencement of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.

We acknowledge receipt of the "Important Notice" contained in this proposal and that we have read and understood the content of that notice.

I confirm that I am authorised by the Insured to complete, sign and submit this proposal on behalf of the Insured.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



American Home Assurance Company  
 ASN: 67 807 883 267  
 (Incorporated with Limited Liability in the USA)  
 A Member of American International Group, Inc.



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