

## Contact Details:

---

Legal Name of the Organisation

Trading Name of the Organisation  
(if different from above)

Registered Trading Address

Registration Number

Contact Name(s)

Office Telephone(s)

Fax

Email Address(es)

## Business Details

---

**Which is your expected new business premium for the next 12 months?**

Individual business (EUR)

Group business (EUR)

Date of the establishment of your  
company?

**Please provide details of the other companies with whom you are currently working with**

**Does your company have a professional liability insurance?**

Yes  No

If yes, please indicate

Name of Insurer

Limit of Indemnity

Validity

**Please add proof of your professional liability insurance (copy of insurance certificate) to your application.**

**Please provide details on the insurance regulators (domiciled country) as well as on the company website**

Insurance Regulators Website

Company Website

**Details for payment of commission**

Name of Bank

Address

Account Name

Account Number

IBAN Number

Swift/BIC Code

**Please add proof your company's bank details to your application (informal confirmation of your company account details by your bank).**

Language of commission payment list:  English  German  French  
via  Email  Post

## Executive Director(s)/ Partners

**Please provide full name, home and position in the company or firm of any executive directors, partners.**

Title

First Name

Surname

Position in the Company

Home Address

Postal Code

**Please add the following documents from your managing director/ partner to the application:**

- 1) Copy of identity card (front and back)
- 2) Criminal records extract (not older than 3 months)

## Declaration

The statements in this application are accurate and true to the best of my knowledge.

Signed and Date

Name (Print)