

ASIGURAREA DE RASPUNDERE CIVILA PROFESIONALA/
PROFESSIONAL LIABILITY INSURANCECERERE – CHESTIONAR/
PROPOSAL FORM

I. DATE GENERALE/ GENERAL INFORMATION

1. **CONTRACTANT:** (Nume, prenume/ denumire)/ *Applicant (name, forename):*Adresa (sediul firmei/ domiciliul)/ *Address/ Legal office/ head office address/ Registered office:*
.....C.U.I./ *Fiscal code:*..... Nr. certificat de inmatriculare la Reg. Com./ *Trade register no/ Certificate of registration issued by The Commerce Register No:*Tel./ *Phone:*..... Fax:..... Email:.....2. **ASIGURAT** (Nume, prenume/ denumire)/ *Insured (name, forename):*

Adresa (domiciliul/ sediul legal):

CNP/ C.U.I./ *PIN/ Fiscal code* Nr. certificat de inmatriculare la Reg. Com./ *Trade register no/ Certificate of registration issued by The Commerce Register No:*Tel./ *Phone:* Fax: E-mail:

Document de practicare a profesiei (legitimatie, autorizatie, carnet etc.) nr.: / data obtinerii:

Document of establishing/practice/authorization (authorization card etc) no.: / *issuing date:*Sunteti membru in una sau mai multe asociatii/ uniuni profesionale/ *Are you member of a relevant professional association?*☐ Nu/ *No*☐ Da/ *Yes*Daca da, enumerati-le/ *If yes, please specify:*
.....

II. NATURA SI VOLUMUL ACTIVITATII/ NATURE AND VOLUME OF ACTIVITY

1. **Profesia/Profession:** ☐ avocat/ *lawyer*; ☐ contabil autorizat/ *authorized accountant*; ☐ expert contabil/ *expert accountant*;
☐ auditor financiar/ *financial auditor*; ☐ consilier juridic/ *legal adviser*; ☐ notar public/ *public notary*;
☐ executor judecatoresc/ *officer of the court*; ☐ expert tehnic, precizati domeniul/ *Technical expert, activity type:*☐ alta profesie, precizati/ *other profession (give details):*• ☐ definitiv/ *permanently employed*;• ☐ stagiar, precizati biroul/societatea profesionala unde va desfasurati stagiatura/ *Intern, specify office / professional society where you do internship:*Durata stagiului/ *During probation:* luni/months, de la/from: / / pana la/to: / /2. **Forma/ modalitatea de exercitare a profesiei/ type / way to practice activity:**• persoana fizica/ *Individual insured person:*☐ birou individual/ *individually office*;☐ salarizat in cadrul profesiei, in cadrul (precizati biroul/societatea):
employed within the profession in the company/office.....☐ colaborator, in cadrul (precizati cabinetul/societatea)/ *legal assistant in the company/office*.....• persoana juridica/ *legal entity insured:*☐ birou cu mai multi asociati, precizati nr. asociatilor:; ☐ societate civila profesionala/ *professional civil company*;
individual office with several associates, no. of associates:☐ societate civila profesionala cu raspundere limitata/ *professional limited liability company* ☐ alta forma/ *another type:*
.....3. **Descrieti activitatea desfasurata/ type of activities:**
.....
.....
.....

4. Nr. total persoane angajate/ Total number of employees pers., astfel/ as follows:
- personal de specialitate/ qualified staff:, din care/ from which: definitiv/ permanently si/and stagiar/ interns;
 - de alta specialitate/ other qualified staff: pers., precizati specializarile/ specialization:
 - personal auxiliar/ support staff: pers.

Date referitoare la personalul calificat in cadrul profesiei/ Data on qualified personnel within the profession:

Nr. crt.	Numele si prenumele/ Name and forename	Profesia/Calificarea Profession/Qualification	Durata totala a experientei profesionale Professional Experience	Pozitia detinuta in societate Position held in company
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Daca spatiul este insuficient, atasati o lista/ If space is insufficient, please attach a list.

5. Volumul incasarilor din onorarii/ Gross fees:

	Moneda/ Currency:		
	Anul financiar anterior/ On the previous financial year	Anul financiar curent/ On the current financial year	Estimat pentru perioada asigurata/ Estimated on the insurance period
Onorarii (fara T.V.A.): Fees (excluding VAT)			

6. Estimati nr. clientilor pentru perioada asigurata:, din care clienti straini (societati din strainatate, societati mixte etc.):
Estimated number of clients for the entire insured period, from which foreign clients (foreign companies, joint ventures etc):.....

Enumerati cei mai importanti clienti/ Please specify the most important clients of yours:

III. INFORMATII DESPRE ASIGURARI SI DAUNE/ INFORMATION ABOUT INSURANCES AND DAMAGES

1. Ati avut anterior o asigurare de raspundere civila profesionala Have you previously been insured for professional liability?

☐ Da/ Yes; ☐ Nu/ No

Daca "Da", precizati/ If Yes, give details:

	Asiguratorul Insurer	Perioada asigurata Insured period	Limita raspunderii pe per. asigurata Limit of indemnity in aggregate
1			
2			
3			

2. A existat un Asigurator care a anulat sau refuzat reinnoirea contractului de asigurare/ Was it any Insurer who cancelled an insurance policy concluded with you or that refused conclusion of a policy?

☐ Da/ Yes; ☐ Nu/ No

Daca „Da”, precizati informatii detaliate/ If yes, please specify:

3. Ati avut Cereri de despagubire in legatura cu activitatea Dvs. in ultimii 3 (trei) ani? ☐ Da/ Yes; ☐ Nu/ No
Have you had any claims about your activity in the last three (3) years?

Daca "Da", precizati detalii (cauze, quantum despagubiri solicitate, mod solutionare)/ If yes, give details (the reasons, the paid sums, solving way):

4. Ati platit despagubiri in ultimii 3 (trei) ani/ Have you paid any indemnities in the last 3 (three) years? ☐ Da/ Yes; ☐ Nu/ No

Anul Year	Despagubiri platite Indemnities paid	Despagubiri in asteptare Indemnities in pending	Asiguratorul care a suportat despagubire (dupa caz) Insurer who paid the indemnities

5. Cunoasteti circumstante care pot determina reclamatii/plangeri impotriva Dvs.? ☐ Da/ Yes; ☐ Nu/ No

Do you know any circumstances that could cause any claims against you?

Daca "Da", detaliiati (cauza, posibile despagubiri solicitate)/ If yes, specify (cause, required indemnities):

.....

6. Mentionati ce tip de prejudicii ati putea produce tertilor in desfasurarea activitatii dvs. / Specify potential types of third party liability loss in your activity:

.....

.....

IV. INFORMATII REFERITOARE LA ASIGURAREA SOLICITATA/ INFORMATION ABOUT REQUESTED INSURANCE

1. Moneda contractului de asigurare/ Currency: ☐ LEI ☐ EUR ☐ USD.

2. Limitele raspunderii/ Liability limits:

➤ pe perioada asigurata (LRagr)/ limit of indemnity in aggregate:

➤ pe fiecare eveniment (LRev)/ limit of indemnity per one event:

3. Perioada asigurata/ Insured period: de la/ from: ____ / ____ / ____ pana la/ until: ____ / ____ / ____

4. Fransiza deductibila/ Deductible: ____ % din dauna/ % per damage, min. ____

5. Acoperire teritoriala: ☐ Romania; ☐ Alte tari, precizati/ Other Country/Countries (give details):

6. Modalitatea de plata a primei de asigurare: ☐ integral (1 rata); ☐ semestrial; ☐ trimestrial; ☐ 10 rate.

Payment of insurance premium: ☐ integral (1 rate); ☐ half-yearly; ☐ quarterly; ☐ 10 installments.

Se completeaza in cazul Asiguratului - persoana fizica/ Individual insured person:

Locul nasterii/ Place of birth, BI/CI nr/ ID card no, serial/ series, emis de/ issued by, la data/ on the date / /

Cetatenia/ Citizenship, Nationalitatea/ Nationality, ☐ Rezident/Resident

☐ Nerezident/ Non-resident,

Ocupatia/Occupation:, Angajator ori natura activitatii proprii/ Employer or type of activity

Numele beneficiarului real, daca e cazul/ Real Beneficiary CNP/PIN:

Acord prelucrare date cu caracter personal/ Personal data processing agreement: ☐ DA/Yes ☐ NU/No

Persoana expusa public/ Publicly exposed person ☐ NU/ No ☐ DA/ Yes.

Se completeaza in cazul Asiguratului - persoana juridica/Legal entity insured:

Certificat de inregistrare/documentul de inregistrare la ONRC sau alte autoritati similare: nr, seria, data / /

Identitatea persoanelor care, potrivit actelor constitutive si/sau hotararii organelor statutare, sunt investite cu competenta de a conduce si reprezenta entitatea, precum si puterile lor de a angaja entitatea:

Structura actionariatului/asociatilor:

Numele/denumirea beneficiarului real (dupa caz): CNP:

Numele/denumirea beneficiarului real (dupa caz): CNP:

Acord prelucrare date cu caracter personal: ☐ DA ☐ NU Persoana expusa public: ☐ NU ☐ DA.

Registration document issued at /National Trade Register Office or other similar authorities: no, series, date / /

The identity of the persons who, under incorporation decision and / or decisions of other corporate bodies are vested with powers to lead and represent the legal entity, as well as their ability to engage the legal entity:

Shareholder/ associates structure:

Real Beneficiary (as the case): PIN:

Real Beneficiary (as the case): PIN:

Personal data processing agreement: ☐ Yes ☐ No Publicly exposed person: ☐ No; ☐ Yes.

Subsemnatul declar ca datele incluse in aceasta Cerere-chestionar sunt reale si in conformitate cu documentele si informatiile de care dispun, fiind de acord sa stea la baza si sa fie parte integranta a Contractului de asigurare, in cazul in care acesta se va emite. Orice informatie declarata eronat sau incomplet in Cererea-chestionar atrage posibilitatea anularii dreptului la despagubire.

Declar ca nu ma aflu sub incidenta niciunei sanctiuni economice sau comerciale nationale si/sau internationale si nici nu am cunostinta de nicio circumstanta care ar putea genera astfel de sanctiuni.

I declare that the data contained in this application is true and according to the documents and information available and I understand that this questionnaire and other attached documents will be part of the insurance contract if a policy is issued. Any incorrect or incomplete information declared in this application can lead to the possibility of nullifying the right of compensation under the policy.

I declare that I am not subject to any national and / or international economic or trade sanctions nor am I aware of any circumstances that could give rise to such sanctions.

Am luat cunostinta despre **Nota de Informare privind prelucrarea datelor cu caracter personal**, am primit un exemplar al acesteia si am optat in mod liber pentru variantele marcate din CONSIMTAMANT. In cazul in care comunic datele cu caracter personal ale altei persoane, ma oblig sa transmit Nota de Informare privind prelucrarea datelor cu caracter personal persoanei respective si declar ca am acordul acesteia, in cazurile aplicabile.

Imi exprim in mod expres acordul, prin semnarea prezentei, ca Allianz-Țiriac Unit Asigurări sa imi prelucreze datele cu caracter personal: ☐ **DA** ☐ **NU**

*I became aware of **Information Note on the processing of personal data**, I received a copy of it and we chose freely to labelled embodiments of consent. If I communicate personal data of another person, I undertake to transmit information note on the processing of personal data and I declare that I have that person's consent, where applicable.*

I express myself expressly consent, by signing this, that Allianz-Țiriac Unit Asigurări will process my personal data: ☐ **YES** ☐ **NO**

CONSIMTAMANT PRELUCRARE DATE IN SCOP DE MARKETING

Subsemnatul/Subscrisa in calitate de Contractant al asigurării:

Imi exprim in mod expres acordul, prin semnarea prezentei, ca Allianz-Țiriac Unit Asigurări sa ma contacteze sau sa ma informeze cu detalii despre produsele furnizate sau despre promotiile, campaniile sau ofertele active. ☐ **DA** ☐ **NU**

CONSENT DATA PROCESSING FOR MARKETING PURPOSES

I the undersigned as contractor insurance: I express myself expressly consent by signing this, that Allianz-Țiriac Unit Asigurări can contact me or inform me about products supplied or about promotions, campaigns or offers assets. ☐ **YES** ☐ **NO**

Data completarii/ Issuing date: ____ / ____ / ____

CONTRACTANT/ASIGURAT, INSURED/ APPLICANT

(Nume, prenume Reprezentant/Semnatura/Stampila)
(Name, forename/Signature/Stamp)