

**ASIGURAREA DE RASPUNDERE CIVILA PROFESIONALA/  
PROFESSIONAL LIABILITY INSURANCE**

**CERERE – 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*;

salariat 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, cuantum 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", detalii (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....., seria/series..., emis del/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/ Beneficiary ....., Persoana expusa politic/ Politically 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: .....

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: ....., Beneficiary:.....

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.

Subsemnatul declar ca, in conformitate cu prevederile Legii nr. 677/2001, sunt de acord cu prelucrarea si stocarea datelor cu caracter personal de catre GOTHAEER Asigurari Reasigurari S.A., inregistrata la Autoritatea Nationala de Supraveghere a Prelucrarii Datelor cu Caracter Personal cu numarele 4198/2007 si 4200/2007, in scopul administrarii contractelor de asigurare, activitatilor de marketing,

statistice, studii de cercetare, actiuni de direct-mailing, altele. De asemenea, sunt de acord cu prelucrarea ulterioara incetarii Contractului de asigurare a datelor mele personale de catre GOTHAER Asigurari Reasigurari S.A. in scopuri statistice si de arhivare. Am luat la cunostinta de faptul ca, in conformitate cu prevederile aceleiasi Legi, am drept de acces, de interventie asupra datelor si de opozitie si pot sa-mi exercit aceste drepturi adresandu-ma GOTHAER Asigurari Reasigurari S.A. Daca nu doriti sa primiti informatii despre produsele, serviciile si evenimentele etc. oferite, bifati NU [  ].

*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.*

*I declare that in accordance with the Law no. 677/2001 I agree with the processing and storage of personal data by Gothaer Asigurari Reasigurari SA, Registered as an operator of Personal information under no 4198/2007 and 4200/2007 having as purpose the administration of the insurance contract, statistical and marketing activities, research studies, direct marketing/advertising, etc.*

*Also, I agree with the processing and storage of personal data by Gothaer Asigurari Reasigurari SA for statistical and archiving purposes, after the expiry of the insurance contract. I am aware that in accordance with the same Law, no. 677/2001, I have the right to access, alter or deny the personal data information and I can exercise this right by contacting Gothaer Asigurari Reasigurari SA. If you do not wish to receive information about the products, services, events, etc. provided by Gothaer Asigurari Reasigurari SA., mark NO [  ].*

Data completarii/ Issuing date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**CONTRACTANT/ASIGURAT,  
INSURED/ APPLICANT**

(Nume, prenume Reprezentant/Semnatura/Stampila)

(Name, forename/Signature/Stamp)