

Quotation number : Policy number :
Concerns : ☐ Quotation ☐ New insurance ☐ Amendment current insurance

1. INSURER *(applicant and premium payer)*

Customer number *(if current customer)*:

In case you apply for the insurance for your company/ enterprise:

Name Company :
Type of enterprise :
Contact person :

In case you apply for the insurance as an individual:

Last name :
First name(s) :
Date of birth : Sex: ☐ M ☐ F
Place of birth :
Nationality : ID/Passport number:

Complete, irrespective whether the application concerns individual or company/ enterprise

Collection / Postal /
Mailing address :
Address /
Business address
(if other than mailing address):
Telephone number : Home: Mobile: Work: Fax number:
E-mail address :
Bank account no : Bank:

2. PRODUCT INFORMATION *(Please select at least two preferred coverage options)*

- ☐ Health Insurance
- ☐ Travel Insurance
- ☐ Liability Insurance
- ☐ Home Insurance
 - Home Owner Insurance ☐
 - House Effect Insurance ☐
- ☐ Life Insurance
 - Term Insurance with AD&D ☐
 - Disability Insurance ☐
 - Long-Term Disability (LTD coverage) ☐
 - Temporary Total Disability (TTD coverage) ☐
- ☐ Motor Insurance
 - Compulsory Third-Party Liability Insurance for Motor Vehicles (WAM Insurance) ☐
 - Comprehensive Insurance Cover (CASCO) ☐

Based on your selections, you will receive the corresponding detailed application forms to complete each specific insurance type.

Preferred Start Date of Coverage

Start date (DD/MM/YYYY)

3. ADDITIONAL NOTES / QUESTIONS

4. CONSENT & DECLARATION

I hereby declare that the information provided is accurate and complete to the best of my knowledge. I agree to be contacted for the next steps of the insurance application process.

**Article 320 of the Commercial Code reads: any wrong or false statement or any concealment of circumstances that are known to the insured (read policyholder), no matter whether this was done in good faith, which is of such nature that the agreement would not have been entered into or not on the same conditions had the insurer known about the true state of affairs, shall render void the insurance.*

Date

:

Signature applicant

:

SMS/E-MAIL SERVICES

Tick where appropriate:

- ☐ Yes, I give Assuria NV permission to send information about insurance policies and promotions via SMS / e-mail, free of charge
- ☐ No, I do not give Assuria NV permission to send information about insurance policies and promotions via SMS/ e-mail.

Name agent

:

Number agent

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