

## **APPLICATION FORM ASSURIA WROKOMAN POLIS**

Quotation number	:	Policy number :				
Concerns: ☐ Quotation ☐ New insurance ☐ Amendment current insurance						
1. INSURER (application)	ant and premium payer)					
Customer number (if	current customer):					
In case you apply t	for the insurance for your company,	enterprise:				
Registration number	Chamber of Commerce :					
Name company	:					
Type of enterprise	:					
Contact person	:					
In case you apply t	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 / N	Aailing address :					
Address / business a	ddress (if other than mailing address):					
Telephone number:						
Home:		Mobile:				
Work:		Fax number:				
E-mail adress	:					
Bank account no.	;	Bank:				

2. PRODUCT INFORMATION						
When should the inception date be of this	s insurance?					
What kind of business week does the cor	mpany/ enterprise have? 🔲 5 days	s □ 6 days □ 6 days + v	veekend			
Does the company/enterprise have home workers? ☐ Yes ☐ No						
If so, number of possible home workers						
Which daily wage do you wish to insure? ☐ SRD 60,-						
☐ Higher Namely, SRD						
□ Other						
What kind of business hours does the enterprise apply?						
If a short-term basis insurance is concerned, at which date should the insurance expire?						
Are your operations conducted with equipment / machines (power engines) with a capacity of more than two horse power?    Yes   No						
3. BREAKDOWN WAGES EMPLOYEES: (Complete the table below)						
Name	Address	Daily wage*	Job title			
*All reimbursements except for overtime	9.					
*All reimbursements except for overtime Concealment It is important that you fill out all question payments if it turns out that incorrect or in	ns in full and truthfully. Assuria N.V. is					
Concealment It is important that you fill out all question	ns in full and truthfully. Assuria N.V. is ncomplete information was provided ny wrong or false statement or any conc one in good faith, which is of such nature	upon applying for the insura ealment of circumstances that a that the agreement would not h	nce. re known to the insured (read			
Concealment It is important that you fill out all question payments if it turns out that incorrect or i  *Article 320 of the Commercial Code reads: a policyholder), no matter whether this was do	ns in full and truthfully. Assuria N.V. is ncomplete information was provided ny wrong or false statement or any conc one in good faith, which is of such nature	upon applying for the insura ealment of circumstances that a that the agreement would not h	nce. re known to the insured (read			

Signature applicant :

## **SMS/E-MAIL SERVICES**

OIVI	<u> </u>
Tick	where appropriate:
	es, I give Assuria NV permission to send information about insurance policies and promotions via SMS / e-mail, free of charge lo, I do not give Assuria NV permission to send information about insurance policies and promotions via SMS/ e-mail.
	TIPS AND INFORMATION
✓	Please check whether you have filled out everything. If the form has not been filled out completely and signed, unfortunately you application cannot be processed.
✓	Application is taken into consideration by Assuria Schade Verzekering N.V. if received within one month of signing.
✓	Go through the <b>policy conditions</b> thoroughly and if necessary ask for any further explanation, so that you know what your rights and obligations are.
✓	If during the application procedure your risk factors change, you are obliged to report this to Assuria Schade Verzekering N.V. Non-compliance with this obligation may lead to nullification of the insurance.
Nam	e agent:
Number agent:	