

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:

Registration number Chamber of Commerce :

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

When should the inception date be of this insurance?

What kind of business week does the company/ enterprise have? ☐ 5 days ☐ 6 days ☐ 6 days + weekend

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 160,-

☐ 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.**

Concealment

It is important that you fill out all questions in full and truthfully. Assuria N.V. is entitled to declare an insurance invalid and to refuse payments if it turns out that incorrect or incomplete information was provided upon applying for the insurance.

**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.

TIPS AND INFORMATION

- ✓ Please check whether you have filled out everything. If the form has not been filled out completely and signed, unfortunately your 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 **policy conditions** 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.

Name agent:

Number agent: