

1. Policyholder

Surname and initials

Address (not a P.O. Box)

Postcode and city

Gender

Male Female

Date of birth

Nationality

Telephone

Email address

IBAN

2. Company details

Company name

Address (if different)

CoC number

IBAN

Entitled to deduct VAT

3. Regular driver

Surname and initials

Address (not a P.O. Box)

Postcode and city

Gender

Male Female

Date of birth

Nationality

Telephone

Email address

4. Inception date

The insurance has to take effect on

Time

5. Special circumstances

Policyholder

Regular driver

Do you hold a valid Dutch driving licence for the motor vehicle named below?

Yes

No

Yes

No

5. (continued)

Has the government made any notes on your driving licence?

Yes No

Yes No

Is your driving ability affected by a disability, an illness or the use of medicine?

Yes No

Yes No

With regard to the insurance that you have applied for, have you ever been faced with refusal, cancellation or acceptance under certain conditions?

Yes No

Yes No

With regard to the insurance that you have applied for, have you personally ever cancelled an insurance further to a decision made by an insurer?

Yes No

Yes No

During the last 8 years, have you been convicted in relation to a traffic offence, or have you been disqualified from driving?

Yes No

Yes No

During the last 3 years, have you been involved in a claim, which also means theft of a motor vehicle?

Yes No

Yes No

If so, when?

What was the cause?

How much did the claim amount to?

€ _____

And was this recoverable?

6. Motor vehicle details

Brand and type

Registration plate

Serial number (V.I.N.)

Year of construction

Weight (in kg)

Cylinder size (motorbikes, in cc)

Current kilometrage

List price

€ _____ incl. VAT excl. VAT

Current market value

€ _____ incl. VAT excl. VAT

Value of accessories

€ _____ incl. VAT excl. VAT

7. Use of the motor vehicle

Use

Only personal use Only business use Personal and business use

For what purpose do you use your motor vehicle?

Courier service Delivery service Taxi
 Other:

7. (continued)

Second (family) car?

- No
 Yes,

Insurance company of the first car _____

Policy number of the first car _____

Kilometrage per year

- Up to 12,000
 Up to 20,000
 More than 20,000

Is the car leased?

- Yes, leasing company _____

contract number _____

- No

Are you entitled to deduct VAT?

- Yes No

8. Cover

Cover required

- Third Party Liability
 Third Party Liability + Restricted Comprehensive
 Third Party Liability + Fully Comprehensive

Additional cover

- Accident Insurance Passengers/Pillion
 Passenger Accident Insurance
 Legal Assistance

9. Insurance in force elsewhere

Have you or one of the involved parties had motor vehicle insurance in the past?

- Yes, insurance company _____

policy number _____

- No

Are you able to submit an original statement for the claim-free years of driving?

- Yes, number of demonstrable claim-free years _____
 No

10. Payment of premium

Payment each/every

- Year
 Six months (surcharge 4%, does not apply to private individuals)
 Quarter (surcharge 4%, does not apply to private individuals)
 Month (only applies to private individuals)

11. General Concluding Question

During the last 8 years, have you or has another interested party covered by this insurance come into conflict with the law?*

Yes

No

Regular driver

Yes

No

*You should only answer Yes to this question if this concerned one of the circumstances mentioned in the explanation on page 4.

11. (continued)

Explanation concerning the concluding question regarding previous convictions

It is important for us to know whether you or another interested party covered by this insurance has come into conflict with the police or with the law as a suspect, or to carry out a (punitive) measure that has been imposed in connection with:

- Any criminal offence (or attempt to that end) such as theft, embezzlement, deceit, fraud, forgery, vandalism, damage, assault, extortion and blackmail.
- Any (other) criminal offence (or attempt to that end) which targets personal freedom or life.
- Infringement of the Wet wapens en munitie (*the Arms and Ammunition Act*), the Opiumwet (*the Opium Act*), the Wet economische delicten (*the Economic Offences Act*).

If so, please indicate which criminal offence this concerns, whether this led to legal action, what the result of that legal action was and whether any (punitive) measures have been imposed. If the criminal offence did not lead to legal action, please indicate whether there was an out-of-court settlement with the Public Prosecutions Department, and if so, under which conditions the out-of-court settlement was made. If desired, you can send this information confidentially to the Management Board. This may, if required, be sent by e-mail to directieteam@meijers.nl.

Legal duty to report

You are obliged to answer the questions that are asked in this application form as completely as possible. This also applies to facts and circumstances that relate to a third party whose interests are also covered by the insurance. Furthermore, when answering the questions, not only your own knowledge, but also that of the other interested parties covered by this insurance is the determinative factor. If the insurance is partially being requested for the benefit of a partnership, a commercial partnership, or a legal entity, then the questions that are asked under 'Special Circumstances' and under 'General concluding question' also apply to:

- The members of the partnership
- The (limited) partners of the commercial partnership
- The managing director(s) under the articles of association/managing directors of the legal entity
- The shareholder(s) with an interest of 33% or more (and if this shareholder/these shareholders is/are (a) legal entity/entities)
- Their managing director(s) under the articles of association/managing directors(s) and shareholder(s) with an interest of 33% or more

You should nevertheless still answer, as completely as possible, questions to which you believe the company is already aware of the answers. If you are unable to, or have only partially complied with your obligation to disclose information, that can result in the right to payment being limited or even to this right ceasing to be effective, or the insurance being cancelled.

Personal details

Personal details are requested when insurance is applied for. These are processed by Meijers for entering into and executing agreements, for performing marketing activities, to prevent and combat fraud against financial institutions, for statistical analyses and to be able to comply with legal obligations.

In connection with a responsible acceptance policy, Meijers is entitled to consult your details at the Stichting CIS (Central Information System Foundation) in The Hague. The purpose of this is to manage risks and to combat fraud. The privacy regulations of the Stichting CIS (Central Information System Foundation) apply (www.stichtingcis.nl).

Dutch law

Dutch law applies to this insurance.

Complaints Handling Body

Complaints about the execution of the insurance contract first have to be presented to the Management Board of Meijers. Should their judgement not be satisfactory to you, you can apply to the Stichting Klachteninstituut Financiële Dienstverlening Kifid (*Complaints Institute for Insurances Foundation*). This institute was established by the insurance industry sector and various Ombudsmen work here. They try to resolve the complaint by means of mediation. In addition, there is the Supervisory Board which will check whether the insurer/agent have damaged the good name of the branch of industry.

Address Stichting Klachteninstituut Financiële Dienstverlening - Kifid
 (*Complaints Institute for Financial Services Foundation*)
 P.O. Box 93257
 2509 AG The Hague
Telephone 070-3338 999
Website www.kifid.nl

If you do not wish to utilise the complaints handling options available for the branch of industry, or if you are dissatisfied with the way in which your complaint was dealt with by the complaints institute, you may submit the dispute to the court.

Additional information

Concluding Statement

By signing below, the applicant declares that the answers that he/she has provided are correct and complete. Furthermore, the undersigned declares that he/she wishes to take out an insurance policy, as indicated above, with Meijers and that he/she agrees to the conditions relating to the insurance that he/she has applied for.

12. Signature

Policyholder

City

Date

Name of the policyholder (applicant)

Policyholder's signature (applicant)*

**A signature is not required for a digital application*

Regular Driver

City

Date

Name of the regular driver

Regular driver's signature*

**A signature is not required for a digital application*

Digital submission

Save this filled-in form and
attach it to an e-mail to

info@meijers.nl