

## 1. Applicant

Name of company \_\_\_\_\_

Address \_\_\_\_\_

Postal code / City \_\_\_\_\_

Telephone \_\_\_\_\_

IBAN \_\_\_\_\_

Legal form \_\_\_\_\_

Chamber of Commerce no. \_\_\_\_\_

## 2. Activities/employees/vehicles

Business description \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subsidiaries of applicants  
(if yes, please name each subsidiary entity)

- No  
 Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total number of employees \_\_\_\_\_

Number of full-time equivalents (FTE) \_\_\_\_\_

Number of permanent employees \_\_\_\_\_

Number of temporary staff (average per calendar year) \_\_\_\_\_

Number of volunteers \_\_\_\_\_

Number of of company motor vehicles <sup>1</sup> \_\_\_\_\_

Number of of company trucks \_\_\_\_\_

Number of Motorized Equipment \_\_\_\_\_

(only those subject to compulsory Motor Liability Insurance, 'WAM')

Number of permanent employees without a company car, driving more than 5.000 Km per year on company business <sup>2</sup> \_\_\_\_\_

Number of temporary staff without a company car, driving more than 5.000 Km per year on company business <sup>3</sup> \_\_\_\_\_

<sup>1</sup> Passenger cars and vans, including lease vehicles

<sup>2,3</sup> This means the number of business kilometres driven, excluding the kilometres driven for purposes of commuting

### 3. Inception date

Requested inception date of insurance \_\_\_\_\_

*For 12 months with tacit renewal*

### 4. Premium and conditions

For the premium calculation for each new 12 month term of insurance we will need a statement of the current number of employees, vehicles and categories as described above. Only significant mid-term changes in employees/staff/vehicles need to be reported separately and will lead to a retro-active premium adjustment.

### 5. Annual Premium (per person/object)\*

*\* Premium excluding insurance tax and costs*

Company car	€ 22,50
Company truck	€ 47,50
Motorized Equipment Object	€ 25,00
Permanent employees without a company car, driving more than 5.000 km/y on company business	€ 22,50
Temporary staff without a company car, driving more than 5.000 km/y on company business	€ 22,50
All other employees	€ 4,75
Alle other temporary staff	€ 4,75

#### Volunteers

0 to 49 people, premium for each volunteer	€ 1,75
50 to 99 people, premium for each volunteer	€ 1,50
100 or more people, premium for each volunteer	€ 1,00
Minimum annual premium is	€ 150,00

### 6. Declarations applicant

*First read the explanation on the following page regarding the scope of your obligation to disclose information*

In the past five years, has any insurance been denied or cancelled by insurers, or accepted but with a higher deductible ?  No  Yes\*

*\* If yes, please provide details*

If you or another interested party covered by this insurance had contact with the police or the law in the last eight years either as a suspect or in connection with the enforcement of a (punitive) measure in relation to:

- Benefit which has been or will be illegally obtained, for example due to theft, embezzlement, fraud, deception, forgery or attempted forgery of documents;
- Unlawful harm caused to others, for example due to destruction or damage, assault, extortion and blackmail or any crime or offence directed against personal freedom or against life, or any attempt to do so;

Have you violated the Weapons and Ammunition Act (Wet Wapens en Munitie), the Opium Act (Opiumwet) or the Economic Offences Act (Wet economische delicten)?

Yes\*  No

*\* If you answer yes, please specify the offence concerned, whether this led to criminal proceedings, the outcome of such proceedings and whether any (punitive) measures have been imposed. If no criminal proceedings were brought, please state whether a settlement was reached with the Public Prosecution Department (Openbaar Ministerie) and, if so, what the conditions were for this settlement. (You may send this information in confidence to the management board if you so wish: [directie@meijers.nl](mailto:directie@meijers.nl)).*

## 7. Final declaration

*Before signing this application form, please read the important information at the end of the application form.*

This form has been completed truthfully and signed by the person authorised to represent the company.

Name

Position within the company

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Date

Town/city

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Signature

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### Digital submission

Save this filled-in form and attach it to an e-mail to [info@meijers.nl](mailto:info@meijers.nl)

## Important information

### Explanation regarding the scope of your obligation to disclose information:

- 1 As the applicant and/or prospective policyholder, 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 known when this insurance is taken out (when applying for medical insurance, this obligation only applies to a third party who has reached the age of sixteen years). Furthermore, when answering the questions, not only the applicant's own knowledge, but also that of the other interested parties covered by this insurance is the determinative factor. You should answer, as completely as possible, questions to which you believe the insurer is already aware of the answer.
- 2 You must report to the insurer any facts and circumstances of which you become aware after you have submitted this application, but before the insurer has informed you about its final decision on whether or not to insure the risk that you have presented, if these facts and circumstances are covered by the questions in the application form given to you, along with the insurance conditions relating to the insurance cover that has been requested.
- 3 If this insurance is also being applied for on behalf of a partnership, a general partnership or a legal entity, the questions that relate to the loss history, cancelled insurances, previous convictions and the concluding question also apply to:
  - the members of the partnership.
  - the (limited) partners of the general 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.
- 4 Contrary to the provisions of article 7:928 paragraph 6 of the Dutch Civil Code regarding the obligation to disclose information, the following basic principles all apply to this insurance:
  - an unanswered question or a question which has been left open will be considered to have been answered in the negative.
  - the final questions must be answered in full. The final questions will be considered to have been answered incompletely if, when answering the questions, facts and circumstances are hidden or misrepresented and the applicant should reasonably have understood that these could have been of importance when assessing the risk being presented for insurance, for example, based on the other questions that were asked in the application form and/or the nature of the insurance being applied for.
- 5 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. If you have acted with the intention of misleading the insurer, or if the insurer would never have entered into the insurance if it had been aware of the true state of affairs, the insurer is also entitled to cancel the insurance.

## Personal Data Protection Act (Wet Bescherming Persoonsgegevens)

When you apply for insurance or a financial service, we will ask you for personal information. Meijers uses this information for the formation and performance of your insurance contract, to prevent and combat fraud, for statistical analysis and to ensure that legal obligations are fulfilled. As part of a responsible acceptance and claims handling policy, we can access data at the Stichting CIS (Central Information System Foundation) in The Hague and we add any information given to us on the claim form to the database of the Stichting CIS. The objective of this is to manage risks and to combat fraud. For more information, see [www.stichtingcis.nl](http://www.stichtingcis.nl). You will also find the relevant privacy policy here. We may also use your personal information to inform you about products and services that may be of relevance to you. If you do not wish to receive this information, you can inform us of this by email at [info@meijers.nl](mailto:info@meijers.nl) or in writing to Meijers, P.O. Box 707, 1180 AS Amstelveen.

## Applicable law

Dutch law applies to the insurances.

## Complaints procedure

It goes without saying that we do our very best to provide you with an optimal service at all times. Even so, you may feel dissatisfied about something. In the first instance, please get in touch with your contact person. If you nevertheless wish to submit a complaint, you can do this by email to [directieteam@meijers.nl](mailto:directieteam@meijers.nl) or in writing to

Meijers  
Attn.: the Management Team  
P.O. Box 707  
1180 AS Amstelveen.

If you do not believe that we have successfully resolved the problem to your satisfaction, if you are a natural entity who does not conduct any business or profession, you can contact the approved disputes committee with which we are affiliated:

Financial Services Complaints Board  
(Stichting Klachteninstituut Financiële Dienstverlening)  
P.O. Box 93257  
2509 AG The Hague

0900-3552248  
[www.kifid.nl](http://www.kifid.nl)

Anyone choosing not to use the complaints handling procedure within the industry sector, or anyone finding the complaints board unsatisfactory, can submit the dispute to the competent court.