

1. Company information

Company name _____

Address _____

Telephone number _____

Email address _____

Website _____

Chamber of Commerce number _____

Bank account number (IBAN) _____

2. Coverage

Required amount insured per claim € 2,500,000.00 € 5,000,000.00

other, i.e.: _____

Effective date _____

3. Business activities

Business description _____

Turnover previous year € _____

Expected turnover current year € _____

Subsidiaries outside the Netherlands No Yes, state (countries, activities, turnover)

Subsidiaries to be included under the insurance No Yes, state (companies, activities, turnover)

4. Incendiary work

Are there activities that constitutes a fire hazard performed? No Yes, state (work)

Are there activities performed at third party locations? No Yes, state (work)

5. Products

Type of products _____

Own production Yes No

Third party production Yes No

Import from outside the EU No Yes, state percentage of the total turnover

Export No Yes, state percentage of the total turnover

Export USA/Canada No Yes, state percentage of the total turnover

6. Personnel

Are you a freelancer without personnel? Yes No

Number of controlling partners/owners _____

Number of employees _____

Number of temporary staff _____

Total annual salary (based on social security maximum) € _____

7. Working conditions

Are the laws and regulations in respect of working conditions complied with? Yes No

Have workplace accidents occurred in the past 5 years? No Yes, state anonymously (date, nature, scope, and any preventative measures)

8. Terms and conditions of delivery

Do you use terms and conditions of delivery? Yes, own terms and conditions (please send with application)
 Yes, sector-specific terms and conditions, _____ (sector)
 No

9. Other current insurances

Have you been insured in the past year(s) for general liability risks? No Yes, include a copy of the policy

10. Claims information

In the past 5 years, has a similar insurance for you or for an insured party been terminated, refused or have restrictive conditions been imposed?

No
 Yes, insurer _____

insurance _____

date _____

reason _____

In the past 5 years, has a loss occurred?

No
 Yes, cause _____

amount _____

date _____

Is the company currently involved in a compensation procedure?

No

Yes, specifics: _____

Are any circumstances known to you which may result in a liability claim?

No

Yes, specifics: _____

In the past 8 years, have you, or another interested party under this insurance (interested parties owners and/or directors) come into conflict with the police or law as a suspect, or to carry out a (punitive) measure that has been imposed, in connection with:

Unlawfully obtained proceeds, such as theft, embezzlement, deceit, fraud, forgery or attempts to that end.

No

Yes, i.e.: _____

Unlawful harm to others, such as vandalism or damage, assault, extortion, blackmail (blacklistrijng) or any criminal offence which targets personal freedom or life.

No

Yes, i.e.: _____

Infringement of the Wet wapens en munitie (the Firearms, Ammunition and Offensive Weapons Act), the Opium Act or the Wet economische delicten (Economic Offences Act).

No

Yes, i.e.: _____

11. Declaration

Before signing this application form, read the important information at the bottom of the form.

This form has been completed truthfully and signed by the authorised person:

Name

Position within the company

Date

Town/location

Signature

Digital submission

Save this filled-in form and attach it to an email to info@meijers.nl

Important information

Explanation regarding the scope of the legal duty to report:

- 1 As the applicant/applicant 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 (when applying for medical insurance, this obligation only applies with regard to a third party who has reached the age of sixteen years). 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. You should nevertheless still answer, as completely as possible, questions to which you believe the company is already aware of the answers.
- 2 Facts and circumstances of which you become aware after you have submitted this application, but before the insurer has informed you of its final decision on whether or not to insure the risk that you have asked to be insured, should nevertheless be communicated to the insurer, if these are covered by the questions in the application form that you have been given, along with the conditions of insurance applicable to the insurance cover that has been requested.
- 3 If this insurance is partially being requested for the benefit of a partnership, a commercial partnership, or a legal entity, then the questions that are asked regarding the loss history, terminated insurances, the criminal past and the final 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 33.3% 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 33.3% or more.
- 4 Contrary to the provisions in article 7:928 paragraph 6 of the Civil Code, the following basic assumptions apply with regard to the legal duty to report for this insurance:
 - a question that is unanswered or left open will be considered to have been answered in the negative;
 - the final questions have to be answered in full. The final questions are considered to have been answered incompletely if facts and circumstances are concealed or misrepresented, in relation to which, for example based on the other questions asked on the application form and/or the nature of the insurance being applied for, in relation to the information that is not provided or that is misrepresented, the applicant must reasonably understand that this would have been of importance in terms of assessment the risk put forward for insurance.
- 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 acted with the intention to mislead the insurer, or if the insurer would never have entered into the insurance if it had been aware of the true situation, the insurer also has the right to terminate the insurance.

Personal Data Protection Act

When insurance/a financial service is applied for, personal data is requested. Meijers uses this data to conclude and to execute insurance contracts, to prevent and combat fraud, for statistical analysis and to be able to fulfil legal obligations. In connection with a sound underwriting policy, Meijers can consult your details at the Stichting CIS (Dutch Central Information System Foundation) in The Hague and we include data provided in the event of a claim in the database of Stichting CIS. The objective of this is to manage risks and to combat fraud. For more information, go to www.stichtingcis.nl. Here you will also find the applicable privacy regulation. We may also use personal data to inform you about products and services that are relevant to you. If you do not wish to use this information, you can inform us of this by email at info@meijers.nl or in writing to Meijers, P.O. Box 707, 1180 AS Amstelveen.

Applicable law

Only Dutch law applies to the insurances.

Complaints handling

We will of course do our very best to provide the best possible service to you. Nevertheless, you may be dissatisfied with something. In this case, please discuss this with your contact person first of all. If you would still like to submit a complaint, you can send this by email to directieteam@meijers.nl or in writing to:

Meijers
Attn: Board of Directors
P.O. Box 707
1180 AS Amstelveen

If in your opinion we fail to resolve the complaint to your satisfaction, if you are a natural person who does not conduct a business or a profession, you can contact the accredited arbitration body with which we are affiliated

The Financial Services Complaints Board (Kifid)
P.O. Box 93257
2509 AG The Hague
0900-355 22 48

www.kifid.nl

Anyone not wishing to use the complaints handling procedure within the sector or anyone who is dissatisfied with the way in which a complaint is handled by the complaints board, can submit the dispute to the competent court.