

1. Company Details

Account Number _____

Name of Company _____

Mailing Address _____

Telephone number _____

E-mail _____

Website _____

Chamber of Commerce Number _____

Bank Account Number (IBAN) _____

2. Insured property/interests

Description	Insured amount	Specifics (particularities)
Buildings (rebuild value)	€ _____	_____
Including foundations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tenant's interest	€ _____	_____
Office equipment / inventory	€ _____	_____
Goods (stock)	€ _____	_____
Business interruption, annual interest	€ _____	<input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 78 <input type="checkbox"/> 104 weeks
Extra costs / Reconstruction of data	€ _____	_____
_____	€ _____	_____
_____	€ _____	_____

3. Starting Date

Starting Date _____

4. Risk information

Risk address(es) _____

Construction _____

Location/ Business activities _____

Shared business premises? Yes No

Description and construction of adjacent buildings _____

5. Prevention

Assigned fire extinguishers?

Is there a valid maintenance contract for the fire extinguishers?

Yes No

Is there a certified automatic fire alarm system with notification present?

No Yes, please include certificate

Burglary-resistant locks and hinges present?

Yes No

Burglar alarm system with notification to a private alarm center present?

No Yes, please include certificate

6. Appraisal (valuation)

Have the aforementioned insured objects been valued? (buildings and / or inventory)

No Yes, please attach an appraisal report

7. Additional insurance with another insurer

Are the aforementioned insured objects still fully or partially insured elsewhere?

No Yes, please attach a copy of the policy (policies)

8. Method of payment

Premium payment per

Month(*), Quarter(*), 6 months Annually

** In case of payment per month or per quarter, a direct debit is mandatory.*

9. Final Questions

Has a similar insurance for you or for another insured person been terminated or refused in the last 5 years, or have restrictive provisions been made for such an insurance?

No Yes, please explain (insurer, insurance, date, reason)

Has any damage occurred in the last 5 years?

No Yes, please explain (cause, amount, date)

Have you, or other parties in this insurance (interested party means all owners and / or directors), been in contact with the police or judicial authorities in the last 8 years as a suspect or subject to an imposed (punitive) measure? In connection with:

A benefit obtained (or to be obtained) illegally from theft, embezzlement, deception, fraud, forgery in writing or attempt (s) thereto.

No Yes, please explain

Illegal prejudice towards others, such as destruction or damage, maltreatment, extortion and threat (blackmail) or any offense against personal freedom or against life or attempt(s) thereto.

No Yes, please explain

Violation of the Weapons and Ammunition Act, the Opium Act or the Economic Crimes Act?

No Yes, please explain

10. Final Declaration [statement]

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

This form is truthfully completed and signed by authorized representative:

Name

Function within company

Date

Place

Signature

With digital applications,

please save this completed pdf-document and
send it as an attachment to

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. 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 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 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

0900-352248
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.