

1. Information policyholder

Name of company _____
Address (not P.O. Box) _____
Postal Code and City _____

2. Specification

Desired start date _____
Contract duration 12 months
Number of business travel days _____

3. Additional accident coverage

Additional accident coverage during business travel No Yes

	Section A (Death)	Section B (Permanent Disability)
Insured amount	<input type="checkbox"/> € 25.000,- <input type="checkbox"/> € 50.000,- <input type="checkbox"/> € 75.000,-	<input type="checkbox"/> 50.000,- <input type="checkbox"/> 100.000,- <input type="checkbox"/> 150.000,-

4. Additional coverage for private travel

Additional private travel cover No Yes

	Amount per trip	Amount per year
Insured amount	<input type="checkbox"/> € 2.500,- <input type="checkbox"/> € 5.000,- <input type="checkbox"/> € 7.500,-	<input type="checkbox"/> 5.000,- <input type="checkbox"/> 10.000,- <input type="checkbox"/> 15.000,-

5. Information insured for private travel (if applicable)

Insured 1

Name and initials _____
Composition household Single 2-person household Family

Insured 2

Name and initials _____
Composition household Single 2-person household Family

6. Acceptance questions

Is the insured person planning to travel in the coming 12 months to: Afghanistan, Iraq, Israel (West Bank, Gaza Strip), Somalia, Sudan, Chechnya or North Korea? No Yes, please explain:

Travel destination _____
Purpose of the journey _____
Duration of stay _____

Does an (the) insured live abroad?

No

Yes, please explain:

Number of persons _____

Country _____

Number of travel days _____

Does some business travel last longer than 180 days?

No

Yes

Has more than 20% of the business travel been related to production activities?

No

Yes, please explain:

Are any of the following companies / professional groups involved?

- Journalists
- Press agencies
- Personal property protection
- Company active in oil or gas onshore & offshore
- Agriculture and fisheries
- Wood industry (operation and processing)
- Chemicals
- Construction and infrastructure
- Road transport
- Aviation
- Sea and inland shipping

7. Final and agreement statement

The undersigned, independent and authorized to sign for the legal entity, and bound by this agreement declares:

- that all the aforementioned information on the basis of which this application has been completed, fully complies with actuality;
- have fully answered the above questions truthfully and have not concealed important aspects not been entirely correct which influences the assessment or acceptance of this risk;
- agree that this form, including all statements and attachments, will serve as the basis of the insurance component and therefore will be part of the insurance contract;
- to inform the insurer of any material change in the information mentioned in this form, whether it is before or after the conclusion of the insurance contract.

The undersigned is in agreement with the quotation and wishes to convert it into an insurance contract.

Signature

Place

Name

Date

Signature*

* With digital signature, not necessary

With digital applications, please save this completed pdf-document and send it as an attachment to zorginkomen@meijers.nl