

1. Applicant

Name of company _____

Address (no P.O. box) _____

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) ¹ _____

Number of temporary staff (average per calendar year) _____

Number of volunteers _____

Number of company motor vehicles ² _____

Number of company trucks _____

Number of forklifts _____

Number of Motorized Equipment
(only those subject to compulsory Motor Liability Insurance, 'WAM') _____

Number of employees without a company car, driving more than 5.000 km per year on company business ³ _____

Number of temporary staff without a company car, driving more than 5.000 km per year on company business ⁴ _____

¹ FTE = the total number of employees converted back to your FTE (number of full-time equivalents)

² Passenger cars and vans, including lease vehicles

^{3,4} This means the number of business kilometres driven, excluding the kilometres driven for 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. 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 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).*

6. 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

Date

Town/city

Signature

☐ I have completed this document truthfully

Digital submission

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

Important information

Duty of disclosure

The policyholder is obliged to answer the questions in the application for insurance completely and truthfully, for himself and for any other person whose interests are co-insured, about what he himself knows and what that other person knows. The policyholder is responsible for this himself, even if another person answers these questions on his behalf. Based on the data and answers to these questions and the questions in the eventual health declaration, Meijers must be able to make a correct assessment of the risk to be insured. By signing this form and/or accepting the policy, the policyholder declares that the questions have been answered fully and truthfully in order to thereby obtain the insurance and/or coverage requested. If later, after the conclusion of the agreement, it appears that one or more questions have been answered incorrectly or incompletely, this may result in the right to benefits being limited or cancelled. Furthermore, if the questions were answered incorrectly or incompletely on purpose in order to mislead Meijers, or if Meijers would not have concluded the insurance if the questions had been answered fully and truthfully, Meijers has the right to terminate the insurance.

Processing of personal data on application/amendment and in the event of a claim

Personal data is requested when applying for or changing insurance or coverage and in the event of a claim. Meijers uses this data to enter into and perform agreements, including risk management. Furthermore, this data is used for fraud prevention, marketing activities, statistical analysis, and to comply with legal obligations. Meijers may obtain information for all of these purposes from other parties that Meijers deems reliable. The processing of personal data is subject to Meijers' privacy statement. This can be found at meijers.nl/privacy-statement. In connection with conducting a responsible underwriting and claims settlement policy, Meijers consults personal data with the Foundation CIS in The Hague. Meijers also registers reported claims with Foundation CIS. This is subject to the privacy regulations of the Foundation CIS (www.stichtingcis.nl).

Provision of personal data to third parties

Meijers may pass on your personal data to others who are involved in the execution of insurance agreements. This includes, for example, assistance and service providers, experts, and repair companies.

Applicable code of conduct

The Code of Conduct for Processing Personal Data by Insurers applies to the processing of this personal data. This can be consulted at www.verzekeraars.nl.

Applicable law

Dutch law applies to the insurances.

Complaint handling

It goes without saying that we do our utmost to provide you with the best possible service. Nevertheless, it is possible that you are dissatisfied about something. In such a case, please contact your contact person first. If you still wish to submit a complaint, you can do so at meijers.nl/en/complaints, by e-mail at directie@meijers.nl or in writing at:

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

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.