

Europat Insurance

Application Form Individual Persons

Please complete this application form in block capitals and by ticking the relevant boxes. It is important that you answer all the questions so that we can properly assess your application. An explanation of the coverage and premiums can be found in the policy general conditions or on the website www.expatinsurance.eu

Reference Addition to Policy Number

Policy Holder | Business Particulars

Name First Name Mr Mrs

Date of Birth (dd/mm/yyyy) | | Nationality

Profession (please describe accurately) Name of employer

Marital Status married* living together* single widow(er) divorced

*Name of Partner

*Profession of Co-Insured Partner (please describe accurately)

Address in Country of Residence

Postcode, City Country

General Telephone Email Fax

Address for Correspondence

Postcode, City Country

General Telephone Email Fax

Insurance

Desired Inception Date (dd/mm/yyyy) | |

Policy Language English

Premium Payment

Due date 01 | |

Payment Annual (100%) Semi-Annual (2 x 51%) Quarterly (4 x 25,75%) Monthly (12 x 8,75%)

By Bank Transfer

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Insured Persons List

(families with more than 5 members should add a separate list)

Only the named people who are listed here are included in the insurance.

Total Number of Persons to be Insured

Name and First Name

Date of Birth (dd/mm/yyyy) Gender M F

If different address, please state

Statute Employee Civil Servant Self-Employed Dependent Retired

Job Description Physical labour | working with machines

CoR CoSS **RCAM(EU)** CoH
Country of Residence Country entitled to Social Security Home Country =Nationality

Name and First Name

Date of Birth (dd/mm/yyyy) Gender M F

If different address, please state

Statute Employee Civil Servant Self-Employed Dependent Retired

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Coverage (please tick which coverage is desired)

- Choice of Version Gold EU
- Choice of Zone EEA&CH Worldwide (excl. USA, Canada, HongKong)
- Worldwide (excl. USA) Worldwide

(other than EEA & CH = premium loading)

Choice of Cover

Medical Care

- HospitalPlan** YES (compulsory)
- type of plan Full Cover Top-Up Sleeper (insured n°)
- deductible € 0 € 250 € 500
- Option 1** elective home country treatment YES NO
- Option 2** outpatient treatment YES NO
- co-insurance 0% 10% 25%
- Option 3** dental cover, vision & hearing aids YES NO

Assistance

- Expat & Travel Assistance** YES
- Option 1** cancellation/curtailment YES NO

6.3.3 Personal Accident & Critical Illness YES (all insureds) NO YES (only insured no)

- A. Death by private accident000 € Burial Cost000€ ()
- Permanent disability by private accident000 € ()
- Critical and incurable illness000 € ()
- Kidnap & Ransom000 € ()

B. = for working persons only

- Death by any accident000 € Burial Cost000€ ()
- Permanent disability by any accident000€ ()
- Temporary disability by any accident000€ / month ()
- Personnel category office work
- mixed work (office + visits to yards, building sites, factories); representatives on the road ()
- physical work; working with machinery, aircrew ()
- working on level differences >4m; extreme heat/cold; ship's crew, other ()
- dangerous occupations.....

C. Term Life000€

For A, B and C - beneficiary in case of death

- spouse, failing children in equal parts, failing the legal inheritors by equal shares.
-

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Disability Pension working (insured n°) non-working spouse (insured n°)
 Chosen rent | year € €

Personal Belongings YES (all insureds together) NO
 Content & household furniture* 000€ at residence address
 Tenant Liability 000€ at residence address
 Baggage 000€ worldwide during travel
 All risk valuables** 000€ worldwide

* specify the items of >€5.000 you wish to insure under content & household furniture

item	value €

** specify the items you wish to insure under all-risk

	value €

if you wish to insure more items, please add a separate list.

Personal Liability YES (all insureds together) NO

Medical declaration

I declare to be healthy and I do not intend to have surgery, medical or dental treatment or be hospitalised in the near future, as far as I know at the moment of signing this application form.

Non-medical questionnaire

Have you ever suffered damage before, apart from medical expenses, as a result of events as covered in the insurance(s) now applied for or similar ones? NO YES, explain

.....

Is a similar insurance still in force with another company? NO YES, company
per (dd/mm/yyyy) Has a company ever refused to give you insurance, terminated it or imposed
special conditions on it?

NO YES, company at (dd/mm/yyyy) Policy number

What was the reason for the refusal or termination?

IMPORTANT

Please enclose the following certificates

- if the insured person has Social Security in Europe, please enclose a copy of the E-form stating the cover.
- if the insured person has an employer's policy, please enclose a copy of this policy.

IMPORTANT NOTICE

Legal clauses

- This insurance is designed to cover expenses incurred due to accidents/damage occurring and/or illness manifesting itself during the period of insurance. Full details of all the terms, conditions, limitations and exclusions are detailed in the policy conditions, which will be issued following acceptance of your application by the insurer. If, however, you wish to review the policy prior to completing the application form, a copy is available free of charge from your insurance broker or on the website www.expatinsurance.eu.
- The completion of this application form shall not bind you or the insurer to accept the insurance applied for. The insurer reserves the right to apply special terms or decline any application. A copy of your completed application form is available on request from your insurance broker. You are, however, advised to retain a copy of all information available supplied.
- **Material facts** - You must disclose all material facts (a material fact is a fact likely to influence the insurer in the acceptance or assessment of your application). Failure to disclose all material facts may invalidate your policy. If you are in any doubt as to whether a fact is material or not, you should, for your own protection, disclose it.
- **Money back guarantee** - If, having purchased this insurance, you decide that it does not meet your requirements, please return this policy together with written cancellation instructions to your insurance broker (the correct address can be found at the bottom of this application form), within 30 days of the date of issue stated in the schedule and, PROVIDED that no claim has been made, the premium will be refunded in full.

Protection of Privacy

The personal data submitted to the underwriter are intended only for the following purposes evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portfolio and to prevent fraud or abuse. Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion. All involved persons have the right to glance into their particulars, to have them corrected if necessary, to have their personal information erased within the scope of valid legislation, to transfer their personal data and to object to the processing of their personal data. (learn more at www.expatinsurance.eu/en/privacy-cookies-and-gdpr)

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DECLARATION

- 1. I declare that I have answered all the questions truthfully and to the best of my knowledge. If this form has been completed on my behalf, I agree that I have satisfied myself as to the truthfulness of the responses given. I understand that any incorrect or in complete answer or the concealment of any facts relevant to this insurance may invalidate this policy. I also understand that the insurer shall be entitled to retain all premiums paid prior to the insurance year by virtue of a breach of this declaration.

- 3. I am also aware that I have a legal obligation to notify the insurer of any fact material to this insurance, which arises between the date of this declaration and the inception of the policy.

- 4. I understand and accept that insured benefits will not be payable to any insured person in respect of any pre-existing condition.

- 6. I am aware that this plan is designed to cater for globally mobile persons. As such, it does not meet all the requirements for compulsory local health insurance, including US and UAE. It is my full responsibility to seek legal advice as to whether and how these requirements would apply to me/us.

- 8. I agree to accept the insurer's standard form of policy for this type of insurance and have read and understood the IMPORTANT NOTICE.

- I hereby declare I have read the privacy policy (www.expatinsurance.eu/en/gdpr-policy.aspx) and consent to having my personal data processed accordingly.

Signature of applicant..... Date

Spouse/partner..... Date.....
(where applicable)

Insurance Agency Number.....

Stamp

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