



APPLICATION FORM

GROUP + | Business Travel Accident

Details of the policyholder

Company name:
Address:
Postal code and place:
Registration no. Chamber of commerce:
Website company:
Business activities:

Start insurance

Note: Please only enter a future date below

Preferred inception date:

Acceptance questions

A: Employees, frequent travelers and travel days

Activities during business travel*

Management/office/sales activities:	%
Manual labour (e.g. installation, construction, maintenance):	%
<i>* If 20% or more of the activities are related to manual labour, please explain these activities:</i>	
Are any of your employees involved in the following occupations during business travel: diving, working at a height of 4 meters or higher, offshore, aviation/pilots, military/security, police, fire brigade or ambulance services, (semi) professional sports, professional entertainment or journalism?	<input type="radio"/> Yes <input type="radio"/> No
Number of frequent <u>business</u> travelers:	
Average number of business travel days of all insured <u>together</u> per year:	



In addition to regular scheduled flights, are other modes of air transport used, such as helicopter flights or flights with a private/charter plane?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
If so, would you like to include this in the policy?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
<i>If you answer 'yes', we will contact your insurance advisor as soon as possible for further information.</i>		

B: Company structure

Would you like to include the Dutch affiliated companies in the policy?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If you answer 'yes', please provide an overview of the Dutch affiliated companies and the amount of travel days per company.</i>		
Would you like to include the foreign affiliated companies?	<input type="radio"/> Yes	<input type="radio"/> No
<i>If you answer 'yes', please provide an overview of the countries, amount of employees, amount of frequent travelers and the amount of travel days per country.</i>		

C: Travel destinations

What are the 5 most frequent destinations (Countries):	1.	
	2.	
	3.	
	4.	
	5.	
Have employees in the past been to or do any of the employees intend to travel in the next 12 months to Afghanistan, the Crimea Region, Iraq, Iran, North Korea, Ukraine, Russia, Syria, Somalia, Chechnya and/or Belarus or to other countries/territories where there is a negative travel advice in accordance with the Ministry of Foreign Affairs www.minbuza.nl	<input type="radio"/> Yes	<input type="radio"/> No



Coverage and insured amount

Please choose below the coverage and insured amounts you want.

Important to know:

- The Core module forms the basic coverage of the insurance and is a mandatory module.
- You can choose to extend your basic insurance (the Core module) with one or both additional modules. The sections refer to the sections mentioned in the insurance conditions associated with this form. Check the module(s) of your choice.
- With the exception of the section 'Personal Accidents', there are no different choices for the insured amounts.
- There is a minimum premium of € 500 per policy.



MODULE CORE

Core

SECTION 1: Personal Accidents*
SECTION 2: Medical Expenses
SECTION 3: Repatriation and other emergency travel expenses
SECTION 4: Personal Liability
SECTION 5: Trip cancellation
SECTION 6: Travel interruption or rearrangement

* Choose your desired insured amount for Personal Accidents

- € 0
- € 50.000
- € 125.000
- € 200.000
- € 250.000

MODULE PLUS

Plus

SECTION 7: Legal expenses
SECTION 8: Baggage
SECTION 9: Loss of Money
SECTION 10: Travel inconvenience
SECTION 11: Rental vehicle deductible



MODULE ASSURED

Assured

SECTION 12: Hijacking
SECTION 13: Kidnap, Ransom and extortion
SECTION 14: Crisis Management
SECTION 15: Search and rescue
SECTION 16: Evacuation for political risks or natural disasters



Current insurance and damage history

Does the company already have a business travel insurance? <i>If so, please provide the name of your insurer and the expiry date of the current insurance.</i>	<input type="radio"/> Yes <input type="radio"/> No
	Name insurer: <input type="text"/>
	Expiry date: <input type="text"/>
Have there been any losses in the past 3 years? <i>If yes, please provide more information in the table below:</i>	<input type="radio"/> Yes <input type="radio"/> No

Type of claim:	Year:	Total loss in EUR:
1.		
2.		
3.		
4.		

Signature

The undersigned, independently and solely authorised to sign and bind the undertaking on behalf of the persons to be insured and for the undertaking, declares:

- That all the aforementioned information on the basis of which this offer has been drawn up is fully in line with reality;
- To have answered the above questions completely and truthfully and not to have concealed or presented any aspects that are important for the acceptance of this insurance;
- Agree that this form, including all statements and appendices, will serve as the basis of the insurance and will therefore form part of the insurance contract;
- Inform the insurer of any material change in the information contained in this form, whether it occurs before or after the conclusion of the insurance contract.

Name:
Job title:
Date and Location
Signature:



Personal Data

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