

Request for quotation form

Business Travel Insurance

For the sake of completeness we would like to refer to the duty of disclosure at the bottom of this application form. Please read the duty of disclosure carefully before signing the application form. Failure to comply or to comply fully with your duty of disclosure may have consequences for the cover.

1. Policyholder				
Name of policyholder				
Address		Number	Addition	
Postcode		City		
Telephone number				
E-mail address				
Chamber of Commerce number		SBI-code		
2. Companies to be co-insured				
Do you wish to co-insure affiliated com	npanies?		Yes	No
Affiliated company				
1. Company name including legal form				
Address		Number	Addition	
Postal code		City		
Chamber of Commerce number		SBI code		
2. Company name including legal form				
Address		Number	Addition	
Postal code		City		
Chamber of Commerce number		SBI code		
3. Company name including legal form				
Address		Number	Addition	
Postal code		City		
Chamber of Commerce number		SBI code		
3. Additional questions				
Total number of employees				
Number of frequent business travellers	5			
Total number of travel days* abroad of	all insured persons**			

- * Travel days: number of persons x number of days on trip, counted from day of departure to day of return
- ** The insured: the person travelling and insured under the policy, distinguishing between:
 Principal insured: The person performing work on the instructions of the policyholder and undertaking a business trip on the instructions and/or for the account of the policyholder, not being the spouse/partner and/or child/children of the principal insured;
 Co-insured: the travelling spouse/partner and/or child/children of the principal insured;

Have the persons to be insured travelled to a country with a travel advidue to security risks in the past 5 years? See www.minbuza.nl.	sory colour code red and/or orang	ge Ye	es No
If so, which country/countries			
Are the persons to be insured planning to travel to a country with a travorange due to security risks in the next 12 months? See www.minbuza	rel advisory colour code red and/o nl.	or Ye	es No
If so, which country/countries			
4. Activities			
Type of activities during business trip			
Management/commercial/administrative/supervisory activities			%
Installation/construction/maintenance			%
Other activities *			%
* Please provide details about the type of activities			
or activities			
Are any special activities carried out? (such as: diving, working at height army, security, fire brigade, ambulance, police, (semi-)professional spojournalist		tion,	es No
If so, which one(s)?			
5 Incurance + explanation			
5. Insurance + explanation			Sume incured
Accidents		€	Sums insured
Accidents - In the event of death/permanent disability		€	100,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured?	0.00 £ 150.00	Ye	100,000.00 es No
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability €	0.00 € 150,000	Ye	100,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability € Extraordinary costs	0.00 € 150,000	Ye 0.00 €	100,000.00 es No 250,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability Extraordinary costs - Additional travel and accommodation expenses	0.00 € 150,000	Ye 0.00 €	100,000.00 es No 250,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability € Extraordinary costs	0.00 € 150,00	Ye 0.00 €	100,000.00 es No 250,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability Extraordinary costs - Additional travel and accommodation expenses - Costs of assistance Emergency centre - Unforeseen expenses		Ye 0.00 € Pr	100,000.00 es No 250,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability Extraordinary costs - Additional travel and accommodation expenses - Costs of assistance Emergency centre		Ye 0.00 € Pr Pr See general t	100,000.00 es No 250,000.00
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability Extraordinary costs - Additional travel and accommodation expenses - Costs of assistance Emergency centre - Unforeseen expenses - Costs of search and rescue, repatriation and return of mortal remains		Ye 0.00 € Pr Pr See general t	100,000.00 es No 250,000.00 rice rice rerms and conditions
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability € Extraordinary costs - Additional travel and accommodation expenses - Costs of assistance Emergency centre - Unforeseen expenses - Costs of search and rescue, repatriation and return of mortal remains costs Medical expenses This category supplements the existing primary health insurance or principles.	s, funeral	Ye 0.00 € Pr Pr See general t	100,000.00 es No 250,000.00 rice rice rerms and conditions
Accidents - In the event of death/permanent disability Would you like a different sum insured? - If so, in the event of death/permanent disability € Extraordinary costs - Additional travel and accommodation expenses - Costs of assistance Emergency centre - Unforeseen expenses - Costs of search and rescue, repatriation and return of mortal remains costs Medical expenses	s, funeral	Ye 0.00 € Pr Pr See general t	100,000.00 es No 250,000.00 rice rice rerms and conditions

Luggage and damage to accommodations

- Luggage		€	7,500.00
Would you like a different sum insured?		Yes	No
- If so, € 5,00	00.00	€	10,000.00
- Money, securities, travel documents, house or car keys per trip		€	2,500.00
- Damage to accommodation per event for all insured persons combined (franchise € 25.00)		€	500.00
Travel cancellation and inconvenience			
- Per person per trip, with a maximum of		€	10,000.00
- Per policy per insurance year, with a maximum of		€	50,000.00
Personal liability			
- Personal injury and/or property damage per policy per insurance year, with a maximum of		€	5,000,000.00
Legal expenses			
- Legal expenses, with a maximum of		€	15,000.00
- Detention, with a maximum of		€	5,000.00
- Bail, with a maximum of		€	50,000.00
Political evacuation and crisis protection, kidnapping, hijacking, hostage-taking Kidnapping, hijacking and hostage-taking			
- Daily allowance of € 400.00, with a maximum of		€	20,000.00
- Consultancy fees, with a maximum of		€	125,000.00
Political evacuation and crisis protection			
- Evacuation costs for all insured persons combined, per insurance year, with a maximum of		€	50,000.00
- Crisis containment and disaster evacuation costs for all insured persons combined, per insurance year a maximum of	ar, with	€	50,000.00

Act of war

- If, during a covered trip abroad (not being the country where the insured person is resident), the insured person sustains damage or is involved in an accident as a victim of acts of war, cover shall be provided under the other insured categories.

6. Insurance consultant

To be completed by your insurance con	sultant:		
Insurance consultant			
Name of contact person			
Telephone number			
RC-number			

7. Final questions

Notes for completing these final questions:

You are applying for this insurance on behalf of a partnership, general partnership or legal entity. This means that you must also answer the following questions on behalf of:

- The members of the partnership;
- The (limited) partners of the general partnership (VOF);
- The director(s)/manager(s) under the articles of association of the legal entity;
- The shareholder(s) with an interest of 25% or more; Is/are this/these shareholder(s) a legal entity?
 Then this applies to the director(s)/manager(s) under the articles of association and shareholder(s) with an interest of 25% or more

Then this applies to the director(s)/manager(s) under the a	articles of association and snareholder(s) with a	n interest of 25	% or more.
1. Fraud			
In the past 8 years, have you or an insured person been invol fraud, identity fraud, internet fraud, tax fraud or other forms of institution?		Yes	No
If so, please explain			
2. Criminal record			
In the past 8 years, have you or an insured person been in coconnection with criminal offences?	ontact with the police or judicial authorities in	Yes	No
Please note: If you have reached a settlement as a suspect, you must also answer 'Yes' to this question.	or if the judge has imposed a measure on you,		
If so, please explain			
3. Claim history			
In the past 5 years, have you or an insured caused, reported, might have been cover under this insurance?	claimed or suffered a claim for which there	Yes	No
If so, please explain			
4. Insurance cancelled/refused			
In the past 5 years, has your insurance or that of an insured or renewed at an increased premium?	been cancelled, refused or offered, entered into	Yes	No
If so, please explain			
5. Bankruptcy			
In the past 5 years, have you or an insured been declared barestructuring scheme or suspension (deferral) of payments?		Yes	No
If so, please explain			

Signature of the policyholder

The policyholder declares as the undersigned that the information is complete and correct		
Name		
Position		
City		
Date		
Signing by certificate or signature:		

Duty of disclosure

The duty of disclosure set out in Section 7:928 of the Dutch Civil Code obliges you, the applicant/candidate policyholder to answer the questions on the application form as fully as possible and truthfully.

If the insurance also covers the interests of third parties, the duty of disclosure also applies to facts and circumstances that this third party is aware of or ought to be aware of and of which he/she knows or should understand that they are relevant for the insurer.

Please note: You should also answer questions you assume Hienfeld already knows the answer to, as fully as possible and truthfully.

Please note: Facts and circumstances you or a third party interested in this insurance become aware of after you have submitted this application, but before Hienfeld has informed you of its final decision on whether or not to approve your insurance application, must still be communicated to Hienfeld.

Please note: If you have acted with the intention of misleading us or if we would never have concluded the insurance had we been aware of the correct facts and circumstances, we shall be entitled to cancel your insurance.

Disputes

Complaints relating to (the performance of) this insurance contract or the preceding application may in the first instance be submitted to: The Board of Directors of Hienfeld P.O. Box 75133, 1070 AC Amsterdam, The Netherlands. Or by email: klacht@hienfeld.nl.

For more information regarding the complaints procedure go to www.hienfeld.nl/klachtenprocedure.

If the complaint has not been resolved to the satisfaction of the applicant (provided he/she is considered a consumer) within 3 months after final settlement of the complaint by Hienfeld, the applicant may submit a complaint to:

Financial Services Complaints Board (KiFiD), P.O. Box 93257, 2509 AG The Hague, The Netherlands. See www.kifid.nl.

Disputes in connection with this insurance contract shall be submitted to the competent court, unless the parties agree on a different method of conflict resolution, such as mediation or arbitration.

Privacy, (sanctions) laws and regulations

Hienfeld processes personal data in accordance with the General Data Protection Regulation and complies with the Code of Conduct for the Processing of Personal Data by Insurers. This code of conduct can be requested via www.verzekeraars.nl.

Any personal data provided upon application for and/or amendment of an insurance contract or when submitting a claim is processed by Hienfeld for the purpose of:

- assessing and accepting the policyholder and/or the insured. For this purpose, Hienfeld will use a CDD investigation (CDD stands for Customer Due Diligence, or 'know your customer') based on the FISH (Fraud Information System Holland) database;
- implementing agreements;
- compliance with statutory requirements;
- conducting statistical and scientific analyses;
- conducting fraud checks and compliance with (sanctions) laws and regulations by means of the FISH database and the Compliancy Check;
- creating transparency (partly for other insurers) regarding all (neutral) claims by means of the CIS database (www.stichtingcis.nl).

To properly perform its activities, Hienfeld is affiliated with the Central Information System Foundation (CIS) in The Hague. Hienfeld stores and exchanges certain data about clients with the CIS Foundation. This data provides insight into the insurance history of a client who intends to take out an insurance policy or reports a loss. The CIS Foundation stores this information in a central database. The CIS Foundation is an independent foundation that stores insurance data for insurance companies and authorised agents operating in the Netherlands. Under (strict) conditions, the CIS Foundation makes these data available to interested insurers, authorised agents and consumers. The purpose of the central database is to manage risks and prevent fraud. For more information go to www.stichtingcis.nl. Here you can also view the privacy policy of the CIS Foundation.

Hienfeld may process data about your health or your criminal record. In that case, we will comply with applicable rules.

Hienfeld may, in some cases, engage other parties to provide services relating to the performance of the insurance contract and, within that scope, the handling of your damage or claim. You may inspect the personal data we process, have it modified or erased. More information on which third parties may receive your personal data, about the personal data we process about you, the purposes, the applicable retention periods and your rights, can be found in the privacy statement at www.hienfeld.nl/privacy-statement. There you will also find more information about the Data Protection Officer of Hienfeld.