



Application form for quotation

Career Stop Policy

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 (contracting party effecting the insurance)

Full name				
Date of birth		<input type="radio"/> Male	<input type="radio"/> Female	
Place of birth		Nationality		
Address		Number	Addition	
Postal code		City		
Telephone number				
E-mail address				
Relation to the insured				

2. Insured (the person on whose life the insurance is effected)

Surname				
First names (first one in full)				
Date of birth		<input type="radio"/> Male	<input type="radio"/> Female	
Place of birth		Nationality		
Address		Number	Addition	
Postal code		City		
Telephone number				
E-mail address				
Occupation/additional job(s)				
	<input type="radio"/> Independent Employer	<input type="radio"/> Employed Employee		
Nature of the work activities				
Which countries outside Western Europe do you visit, except for holidays?				
Do you live, stay or work abroad at the moment, or are you planning to do so in the near future?	<input type="radio"/> Yes	<input type="radio"/> No		
If so, which country is that and for how long are you going to live, work or stay there?				
Does the insured carry out manual labour?	<input type="radio"/> Yes	<input type="radio"/> No		

If so, what does this manual labour involve?

Does the insured engage in sports activities?

☐ Yes ☐ No

If so, which sport(s)?

Does the insured ride a motorcycle or scooter?

☐ Yes ☐ No

Cylinder capacity (cc)

If so, Is this risk to be insured?

☐ Yes ☐ No

Did you, during the last two years, use any tobacco or a product similar to tobacco or a nicotine replacement product? (by use is meant: smoking, chewing, sniffing)

☐ Yes ☐ No

From what age?

Until when?

What did you smoke / use per day?

How much did you smoke / use per day?

3. Other insurance policy/policies

Has been effected, or increased the sum(s) insured in the past 3 years, an insurance covering permanent disability?

☐ Yes ☐ No

If so, with which insurer(s)

For what sum(s) insured

€

4. Insurance cover

Preferred effective date (subject to approval by Hienfeld)

Sum insured in case of permanent disability. Sum insured (minimum € 25,000.00)

€

5. Premium

We will inform you as soon as possible on the definitive amount of the premium.

Is the person paying the premium another one than the policyholder?

☐ Yes ☐ No

Viz.

Surname

First names (first one in full)

Date of birth

☐ Male ☐ Female

Address

Number Addition

Postal code

City

Telephone number

E-mail address

Signature premium payer by certificate or signature

6. Identification

The insurance advisor established the identity of the policyholder with the use of

☐

Valid passport

☐

Valid driving licence

☐

Valid European identity card

Number:

Date of issue

Place of issue

7. Beneficiary in case of permanent impairment

Usually the person insured is the beneficiary in case of a possible right to a payment in case of permanent impairment. If another beneficiary is desired, please indicate

The beneficiary is

☐

the person insured

☐

the policyholder

☐

the policyholder

Full name

Date of birth

1

2

3

4

☐

Male

☐

Female

☐

Male

☐

Female

☐

Male

☐

Female

☐

Male

☐

Female

8. Insurances policies applied for previously:

Has an insurer ever cancelled, refused or nullified the insured person with respect to an accident- disability- life- or sickness- insurance?

☐

Yes

☐

No

If so, which insurer was involved?

When did this take place?

What was the reason?

Or only been accepted in return for a higher premium or under restricted conditions?

☐

Yes

☐

No

If so, which insurer was involved?

When did this take place?

What was the reason?

9. Insurance consultant

To be completed by your insurance consultant

Insurance consultant

Name of contact person

Telephone number

RC-number

10. 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.
- The natural person who has actual control of your organisation.

1. Fraud

In the past 8 years, have you or an insured person been involved (or are currently involved) in insurance fraud, identity fraud, internet fraud, tax fraud or other forms of fraud or in deliberate deception of a financial institution?

☐ Yes

☐ No

If so, please explain

2. Criminal record

In the past 8 years, have you or an insured person been in contact with the police or judicial authorities in connection with criminal offences?

☐ Yes

☐ No

Please note: If you have reached a settlement as a suspect, or if the judge has imposed a measure on you, you must also answer 'Yes' to this question.

If so, please explain

3. Claim history

In the past 5 years, have you or an insured caused, reported, claimed or suffered a claim for which there might have been cover under this insurance?

☐ Yes

☐ No

If so, please explain

4. Insurance cancelled/refused

In the past 5 years, has your insurance or that of an insured been cancelled, refused or offered, entered into or renewed at an increased premium?

☐ Yes

☐ No

If so, please explain

5. Bankruptcy

In the past 5 years, have you or an insured been declared bankrupt or has the court agreed to a debt restructuring 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	

Submission

After completing and signing this claim form, please send by e-mail to acceptatie@hienfeld.nl or send it by post to Underwriting Department, Hienfeld B.V., P.O. Box 75133, 1070 AC Amsterdam, The Netherlands.

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 Compliance 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.