



Application form

Request for quotation form Group accident 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	
Postal code		City			
Telephone number					
E-mail address					
Chamber of Commerce number		SBI-code			

2. Additional questions

Preferred effective date (subject to acceptance by Hienfeld).

Contract term ☐ 12 months ☐ 24 months ☐ 36 months

Do you wish to co-insure affiliated companies? ☐ 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. Groups to be insured and types of cover

- ☐ All **permanent employees** included in the policyholder's payroll administration.

	Number of employees
Solely administrative/commercial, no physical labor	<input type="text"/>
Supervisory, representatives, and light physical labor	<input type="text"/>
Predominantly physical labor	<input type="text"/>
Heavy physical labor	<input type="text"/>
Total number of permanent employees	<input type="text"/>

Cover ☐ 24-hour cover ☐ limited cover

Sums insured

<input type="radio"/> Based on annual salary	<input type="radio"/> Based on fixed sums insured
(A) In the event of death <input type="text"/> x the annual salary	(A) In the event of death € <input type="text"/>
(B) In the event of permanent disablement <input type="text"/> x the annual salary	(B) In the event of permanent disablement € <input type="text"/>
Total annual salary € <input type="text"/>	

Annual salary is meant to be understood: the wages subject to income tax

Would you like another description of the annual salary? ☐ Yes ☐ No

If yes, which description

- ☐ All **board members and/or Directors/majority shareholders (DMSs)** listed below with name and date of birth.

Name (initials, prefixes, surname)	Date of birth
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>

Cover ☐ 24-hour cover ☐ limited cover

Sums insured

<input type="radio"/> Based on annual salary	<input type="radio"/> Based on management fee	<input type="radio"/> Based on fixed sums insured
(A) <input type="text"/> x the annual salary	(A) <input type="text"/> x the management fee	(A) € <input type="text"/>
(B) <input type="text"/> x the annual salary	(B) <input type="text"/> x the management fee	(B) € <input type="text"/>
Total annual salary € <input type="text"/>	Total management fee € <input type="text"/>	

Annual salary is meant to be understood: the wages subject to income tax

(A) In the event of death

In the event of permanent disablement

Would you like another description of the annual salary? ☐ Yes ☐ No

If yes, which description

- ☐ **Temporary employees, agency workers, freelancers, holiday workers, on-call workers, seconded employees, interns, trial workers (UWV)**

Total number of persons to be insured for this group <input type="text"/>	<input type="radio"/> On an annual basis, retroactive settlement
	<input type="radio"/> Maximum at any time, no retroactive settlement

Cover Limited cover applies to this group of insured persons.

Sums insured

(A) In the event of death €

(B) In the event of permanent disablement €

☐ **Other Group to be insured, for example ERT members, volunteers, accompanying persons**

Total number of persons to be insured for this group

☐

On an annual basis, retroactive settlement

☐

Maximum at any time, no retroactive settlement

Cover

☐

limited cover

☐

other description

4. Algemene vragen

Do any of the employees reside abroad?

☐

Yes

☐

No

If yes, do you wish to insure them?

☐

Yes

☐

No

If yes: we will contact your insurance consultant

If yes, are they on the policyholder's payroll?

☐

Yes

☐

No

If yes, please provide details:

Do employees perform any of the following activities: diving, working at heights of 4 metres or higher, offshore aviation, army, police, fire brigade or ambulance service?

☐

Yes

☐

No

If yes, please provide details:

Do any of the insured persons have an annual salary exceeding € 350,000?

☐

Yes

☐

No

If yes, please provide a statement of the number of persons and total annual salary of these persons:

number of persons

annual salary

€

Do you wish to insure war risk?

☐

Yes

☐

No

If yes, to which countries will insured persons travel?

Is the insured planning to travel to Afghanistan, Ethiopia, Iraq, Libya, Somalia, North Korea or Yemen in the next 12 months?

☐

Yes

☐

No

5. Insurance consultant

To be completed by your insurance consultant

Insurance consultant

Name of contact person

Telephone number

RC-number

6. 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.

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.