

Personal Injury Application

Broker _____

Policy Number _____

Applicant Policyholder

Telephone Numbers

Home	Mobile
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Date of Birth

Address

Email

Effective Date (Tacitly renewed every 12 months)

Vehicle Information

Make	Model	License Plate	Model Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

VIN Number

Seats

NOTE: Please add a copy of the Inspection Certificate (keuringskaart)

Insured Amounts ANG/AWG

I. Per vehicle including driver	I	II	III	IV
(A) Death	15.000	20.000	25.000	50.000
(B) Permanent Disability	50.000	100.000	125.000	150.000
Annual Premium (A + B)	<input type="checkbox"/> 50,-	<input type="checkbox"/> 80,-	<input type="checkbox"/> 90,-	<input type="checkbox"/> 120,-
(D) Including Medical Expenses in excess of underlying medical insurance up to a maximum of Fl. 2.000,- per occurrence				
Annual Premium (A + B + D)	<input type="checkbox"/> 65,-	<input type="checkbox"/> 95,-	<input type="checkbox"/> 105,-	<input type="checkbox"/> 135,-

II. Premie calculation

Gross Premium Fl. _____
 Policy Fees _____
 O.B. _____
 Total Premium Fl. _____

Declaration

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, and that withholding information or supplying false or incomplete information may render the agreement void.

Date _____

Signature Policyholder _____