

application/questionnaire

Zurich Accident Protection



Note: For questions mark the appropriate answer with an X.

Policy n°	Effect	Expiry	Replaced policy n°	Way of direct debit payment:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Annual <input type="checkbox"/> Half-yearly payment <input type="checkbox"/> Quarterly payment

Holder's data

Type of person: Physical Juridical **Nationality:** Spanish Foreign If foreign, please state nationality

Type of document: Tax Identification n° Company Identification n° Passport Residence permit Other N°

1 Surname 2 Surname

First names Company name

Address N.º Floor Door Stairs

Postcode Town Telephone n°

Language Sex: Male Female Date of birth

Direct debit

Bank/Saving Bank Account holder

Bank Branch Sort code Account n°

Broker's data

Producer broker

Broker payment 1 receipt

Broker payment successive receipts

Business data

Code Description

The insured's data (to be filled in if different from the holder)

Type of document: Tax Identification n° Company Identification n° Passport Residence permit Other N°

Surnames First names

Address N.º Floor/Door/Stairs

Postcode Town Telephone n°

Date of birth Professional activity that you do

Detail of the profession

Labour System: Self-employed Employee

Statement by the insured

The insured states that:
He/she does not have or has not had any chronic, congenital, persistent illness, physical defect, ankylosis or diabetes.
He/she has no mutilation, invalidity or serious consequences.
He/she is neither deaf nor shortsighted with more than 4 dioptries in either eye.
He/she has not undergone surgery nor has any surgery envisaged.
He/she has not contracted any other Accident or Illness Policies.

If any of the above statements are not true please give details:

Risk of Special Seriousness

- Handles industrial or agricultural machinery Uses cutting, etching or precision machines
 Handles corrosive, explosive or toxic materials Goes diving with breathing apparatus
 Rides mopeds or motorcycles (for persons under 27 years old)

Give details of activities and/or aggravating risks: _____

Insurable risks (24 hours coverage)	Capital
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1) Accidental death	<input style="width: 100%;" type="text"/>
1.1.- Supplementary capital traffic accident:	
- Death	<input style="width: 100%;" type="text"/>
- Permanent invalidity	<input style="width: 100%;" type="text"/>
2) Death by heart attack	<input style="width: 100%;" type="text"/>
3) Permanent invalidity accident: <input type="checkbox"/> Normal <input type="checkbox"/> Progressive 250 <input type="checkbox"/> Progressive 400	<input style="width: 100%;" type="text"/>
4) Temporary incapacity accident payable from day: <input type="checkbox"/> 9 <input type="checkbox"/> 16 <input type="checkbox"/> 31	<input style="width: 100%;" type="text"/>
5) Health assistance expenses accidents	<input style="width: 100%;" type="text"/>
6) Hospitalisation accidents complementary expenses	<input style="width: 100%;" type="text"/>
7) Temporary incapacity illness payable from day: <input type="checkbox"/> 16 <input type="checkbox"/> 31 <input type="checkbox"/> 61	<input style="width: 100%;" type="text"/>
8) Surgical operation illness	<input style="width: 100%;" type="text"/>
9) Surgical operation illness complementary expenses	<input style="width: 100%;" type="text"/>
10) Travel assistance	<input style="width: 100%;" type="text"/>
11) Family coverage (1)	
Option A : <input type="checkbox"/> Death 3.000 euros Normal permanent invalidity 30.000 euros	
Option B: <input type="checkbox"/> Death 3.000 euros Normal permanent invalidity 60.000 euros	
12) Assistance in claiming physical damage <input type="checkbox"/>	
Total premium (including taxes)	<input style="width: 100%;" type="text"/>

(1) additional informatio to be filled in, in the event of having contracted the Family Coverage Guarantee:

Insured	Date of birth	Name
<input type="checkbox"/> spouse	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> children	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Beneficiaries in the event of death

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Remarks

The Holder and/or Insured state that the answers contained in this Insurance Application/Questionnaire are exact and is responsible for any inexactness in the same, in accordance with article 10 of the Law on Insurance Contracts, and is obliged to inform the Insurance Company of any variation that may arise while this insurance is in force. He/She also acknowledges having received all the required information according to R.D. 2486/1998. Our Company is Zurich España, Compañía de Seguros y Reaseguros, S.A., with Company Identification Number A-28360527 (inscribed in the Company Register of Barcelona; Volume 31.069, folio 12, page number B184183; inscription 261) with its business address at Via Augusta, 200; 08021 Barcelona. The activities of this Company are under the control and supervision of the Direction General of Insurance of the Ministry of the Economy and Treasury.

Data Protection - Data of a personal nature, filled in voluntarily, will be included in the files with the aim of establishing, maintaining and meeting the objective of the contractual relationship, the viability of which may be subject to the availability of some of this data, it will also be used for the analysis of commercial profiles and offering products or services by the Companies Zurich España, Zurich Vida and Zurich Life, or other companies legally linked to the former. At all times, the interested party may exercise the right to access, ratify, cancel and oppose by means of a written communication addressed to the contracting company Zurich, responsible for the files and their processing, with its address at, Via Augusta 200, 08021 - Barcelona, (Customer Attention Dept.).

Personal data will be treated in a confidential way in accordance with what is laid down in the Law 15/1999, and will not be ceded to other companies unless is caused by the management of the reassurance or coassurance, statistic processing and quality studies, risk analysis and accident prevention or linked to the management of the service in the case of a claim.

For all of which, the applicant states his/her express consent.

In on the of

The Broker
The Holder and/or Insured
For the Insurance Company

