EXPAT & Co
International mobility insurances

€uropat Local Plus

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☐ **Request for proposal Individuals** **(fill in the red and blue fields)**
☐ **Application Form Individuals** **(fill in all the fields)**
☐ **Modification Form Individuals** **(fill in red and other necessary the fields)**
(Red fields are compulsory fields)

Please complete this application form in block capitals and by ticking the relevant boxes ☒. It is important that you answer all the questions so that we can properly assess your application. An explanation of the coverage and premiums can be found on the separate leaflet or on the website www.expatinsurance.eu.

1. Reference _____ Addition to Policy number _____

2. Policyholder / Business particulars

Name _____

First name _____ ☐ Mr. ☐ Mrs.

Date of birth (dd/mm/yyyy) _____ Nationality _____

Profession
(please describe accurately) _____

Civil status ☐ married**(*)** ☐ living together**(*)** ☐ single ☐ widow(er) ☐ divorced

(*) Name of partner _____

(*) Profession of co-insured partner
(please describe accurately) _____

Address in country of residence _____

_____

Zip code, city _____ Country _____

Telephone _____ Fax _____ E-mail _____

Address for correspondence _____

_____

Zip code, city _____ Country _____

Telephone _____ Fax _____ E-mail _____

3.Insurance

Desired inception date (dd-mm-yy) _____

Policy Language ☐ English ☐ Dutch ☐ French

4. Premium payment

Due date: 01/ _____

Payment ☐ Annual (100%) ☐ Quarterly (4 x 25,75%) ☐ Monthly (12 x 8,75%)

By ☐ bank transfer ☐ cheque ☐ ~~credit card~~

5. Insured persons list (Families with more than 6 insured members should add a separate list)

Only the named people who are filled in here are included in the insurance.

Insured no.:

1. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

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2. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

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3. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

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4. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

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5. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

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6. **Name and first name:** _____ **date of birth (dd-mm-yy):** _____ **gender** ☐ M ☐ F

   If different address, please mention: _____

   Statute: ☐ Employee ☐ Civil Servant ☐ Self-employed ☐ Dependant ☐ Retired

   Job description _____ ☐ Physical labour/working with machines

   CoR: _____ CoSS: _____ CoH: _____
   Country of Residence (CoR) Country entitled for Social Security (CoSS) Home Country (CoH) = Nationality

6. Coverage

Please tick which coverage is desired.

6.1. Choice of Version ☐ Emergency ☐ Light ☐ Standard ☐ Gold

6.2. Choice of Zone ☐ EEA & CH ☐ Worldwide (excl. USA, Canada, Hong Kong)
☐ Worldwide. (excl. USA) ☐ Worldwide

6.3. Choice of Cover:

6.3.1. Medical Care

1. Hospital Plan ☒ **Yes** (compulsory)
   - Type of Plan ☐ Full Cover ☐ Top-Up ☐ Sleeper *(insured no:____)*
   - Deductible: ☐ € 0 ☐ € 250 ☐ € 500
2. Option 1: elective home country treatment ☐ Yes ☐ No
3. Option 2: outpatient treatment ☐ Yes ☐ No
   - Co-insurance: ☐ 0% ☐ 10% ☐ 25%
4. Option 3: dental cover, vision & hearing aids ☐ Yes ☐ No

6.3.2. Assistance

1. Expat & Travel Assistance ☒ **Yes** (compulsory)
2. Option 1: Cancellation/Curtailment ☐ Yes ☐ No

6.3.3. Personal Accident & Critical Illness ☐ Yes *(all insureds)* ☐ No ☐ Yes *(only insured no:)*

A. Death by private accident ☐ _____.000 € ☐ Burial cost _____.000 € (___)
Permanent disability by private accident ☐ _____.000 € (___)
Critical and incurable illness ☐ _____.000 € (___)
Kidnap & Ransom ☐ _____.000 € (___)

B. = for working persons only
Death by any accident ☐ _____.000 € ☐ Burial cost _____.000 € (___)
Permanent disability by any accident ☐ _____.000 € (___)
Temporary disability by any accident ☐ _____.000 € /month (___)
Personnel category: ☐ office work (___)
☐ mixed work (office work + visits on yards, building sites, factories); representatives on the road (___)
☐ physical work; working with machinery; air crew (___)
☐ working on level differences > 4m; extreme heat/cold; ship's crew; other dangerous occupations
_____ (___)

C. Term Life ☐ _____.000 € (___)

For A., B., and C.:

Beneficiary in case of death: ☐ Spouse, failing children in equal parts, failing the legal inheritors by equal shares.
☐ _____

6.3.4. Disability Pension ☐ Working*(insured no:_____)* ☐ Non-working spouse *(insured no: _____)*
- Chosen Rent/year € _____ € _____

6.3.5. Personal belongings ☐ Yes *(all insureds together)* ☐ No

1. Content & household furniture (*) ☐ _____.000 € at residence address (see table next page)
2. Tenant liability ☐ _____.000 € at residence address
3. Baggage ☐ _____.000 € worldwide during travel
4. All risk valuables (**) ☐ _____.000 € worldwide (see table next page)

6.3.6. Personal liability ☐ Yes *(all insureds together)* ☐ No

(*) Specify the items of ≥ 5.000 € you want to insure in content & household furniture:

Item	Value (€)

(**) Specify the items you want to insure in all risk:

Item	Value (€)

If you want to insure more items, please add a separate list

7. Non-medical questionnaire

Have you ever suffered damage before, apart from medical expenses, as a result of events as covered in the insurance(s) now applied for or similar ones? ☐ No ☐ Yes, explain _____

_____

_____

_____

_____

Is a similar insurance still in force with another company ? ☐ No ☐ Yes, company _____

Per (dd-mm-yy) _____

Has a company ever refused to give you insurance, terminated it or imposed special conditions on it? ☐ No ☐ Yes, company _____

at (dd-mm-yy) _____

Policy number _____

What was the reason for the refusal or termination? _____

_____

_____

IMPORTANT

Please enclose following certificates:

- If the insured person has Social Security in Europe, please enclose a copy of the **E-form**, stating the cover.
- If the insured person has an employers' policy, please enclose a **copy of this policy**

Legal clauses

- This insurance is designed to cover expenses incurred due to accidents/damage occurring and/or illness manifesting itself during the period of insurance. Full details of all the terms, conditions, limitations and exclusions are detailed in the policy conditions, which will be issued following acceptance of your application by the insurer. If, however, you wish to review the policy prior to completing the application form, a copy is available free of charge from your insurance broker or on the website www.expatinsurance.eu.

- The completion of this application form shall not bind you or the insurer to accept the insurance applied for. The insurer reserves the right to apply special terms or decline any application. A copy of your completed application form is available on request from your insurance broker. You are, however, advised to retain a copy of all information available supplied.

- ***Material facts*** - You must disclose all material facts (a material fact is a fact likely to influence the insurer in the acceptance or assessment of your application). Failure to disclose all material facts may invalidate your policy. If you are in any doubt as to whether a fact is material or not, you should, for your own protection, disclose it.

- ***Money back guarantee*** - If, having purchased this insurance, you decide that it does not meet your requirements, please return this policy together with written cancellation instructions to your insurance broker (the correct address you will find at the end of this application form), within 30 days of the date of issue stated in the schedule and, PROVIDED that no claim has been made, the premium will be refunded in full.

Protection of privacy

The personal data submitted to the underwriter are intended only for the following purposes: evaluation of the insured risks, management of the commercial relationship, of the insurance contract and the claims covered by it, control of the portofolio and to prevent fraud or abuse.

Only for these purposes this information can be transferred to a reinsurer, expert or counsel. This information is only accessible to the underwriting and claims management services as part of their duties. All information will be handled with the greatest discretion.

All involved persons have the right to look into their own particulars and have them corrected, if necessary.

DECLARATION

1. **I declare that I have answered all the questions truthfully and to the best of my knowledge. If this form has been completed on my behalf, I agree that I have satisfied myself as to the truthfulness of the responses given. I understand that any incorrect or in complete answer or the concealment of any facts relevant to this insurance may invalidate this policy. I also understand that the insurer shall be entitled to retain all premiums paid prior to the insurance year by virtue of a breach of this declaration.**

2. **I am also aware that I have a legal obligation to notify the insurer of any fact material to this insurance, which arises between the date of this declaration and the inception of the policy.**

3. **I understand and accept that insured benefits will not be payable to any insured person in respect of any pre-existing condition.**

4. **I agree to accept the insurer's standard form of policy for this type of insurance and have read and understood the IMPORTANT NOTICE.**

Signature of applicant _____ Date _____

Signature of Spouse/partner

(where applicable)_____ Date _____

Insurance agency number _____

Stamp