

(TO BE COMPLETED BY ASSURIA :)

Intermediary:

Number intermediary:

1. APPLICANT

(Applicant is policyholder also premium payer)

Client number (if it is an existing client):

Name:

Given name:

Date of birth:

Sex: DM DF

Address:

House number:

Place of residence:

E-mail:

Telephone number:

2. Which cover do you choose?

(Tick which cover you want to insure, more options possible)

DESTINATION: EUROPE

D TRIAS EUROPE SHORT-TERM

This insurance guarantees compensation till € 35,000, if the person insured suffers a sudden illness or meets with an accident, during an agreed period within Europe (in accordance with the policy conditions.)

D TRIAS Europa Annual

This insurance guarantees a compensation till € 35,000 per journey, if the person insured suffers a sudden illness or meets with an accident, for the period of 1 year within Europe in accordance with the policy conditions. The term of the insurance 1 year (365 days), but offers cover per journey for a continuous period of a maximum of 45 or 60 days unless agreed otherwise.

DESTINATION: THE CARIBBEAN

D TRIAS CARIBBEAN

This insurance guarantees a compensation till \$ 50,000 per journey, if the person insured suffers a sudden illness or meets with an accident, during an agreed period in the Caribbean, namely: the member states of the Caricom, the Caricom member states, the islands within the Dutch Antilles: Aruba, Bonaire, Curacao, St. Maarten, St. Eustatius, Saba, the Dominican Republic
(In accordance with the policy conditions).

DESTINATION: THE REST OF THE WORLD

D TRIAS WORLD SHORT TERM

This insurance guarantees a compensation till \$ 50,000 or \$ 100,000 per journey, if the person insured suffers a sudden illness or meets with an accident, during an agreed period all over the whole world (in accordance with the policy conditions).

D TRIAS WORLD ANNUAL

This insurance guarantees a compensation till \$ 50,000 or \$ 100,000 per journey, if the person insured suffers a sudden illness or meets with an accident, for the period of 1 year (365 days), in accordance with the policy conditions. The term of the insurance is 1 year but offers cover per journey for a continuous period of a maximum of 45 or 60 days unless agreed otherwise.

CANCELLING

This cover can also be taken out in combination with the **TRIAS EUROPE or WORLD** cover.

D TRIAS CANCELATION

This insurance compensates a compensation of the travel and subsistence costs, (total travel costs), if the person insured suffers from an uncertain accident during an agreed period in accordance with the policy conditions.

3. INFORMATION TRAVEL & TRAVELER'S PERIOD

Start date:

End date (valid up till and including):

PERSONS TO BE INSURED

On the last page of this application form you can complete the information about the persons to be insured (see table TRIAS World).

Address abroad (if it is about a visa application)

Street name

House
number

House number addition

Place

Mail code

Telephone number

Country

Purpose of the journey

Destination

Do you travel via Cuba?

: Yes No

If so, date arrival: date departure:

Have you chosen a cancellation cover, complete the questions below?

Start date of the policy:

Commencement of the journey:

End date (end date of the insurance is equal to the end date of the policy):

PERSONS TO BE INSURED

On the last page of this application form you can complete the information about the persons to be insured (see table TRIAS Europe).

Purpose of the journey

Total travel amount : USD

EUR

4. Existing disorders are always excluded (see policy conditions). This applies to all TRIAS insurance policies.

The applicant declares to have answered all questions truthfully and declares to agree with the policy conditions and to be informed about the fact that this/these insurance (policies) gives no cover concerning costs which are the result of disorders, complaints and/or physical abnormalities, together with which is connected to it or results from its which the person insured suffers from on or suffered before the commencement date of this/these insurance policies, even if the person insured was not informed about the existence of those disorders, complaints and/or physical abnormalities on or before the commencement date of this/ these insurance policies.

The applicant is informed about the fact that insurance policies become effective only after acceptance by the company. Art. 320 W.v.K*

At the same time the applicant hereby authorizes all physicians who treated will treat the person(s) insured, to supply the information about his/her health condition requested by the Medical Advisor of Assuria Nonlife Insurance N.V.

The applicant agrees that Assuria – if the company considers it necessary - looks into possible other existing dossiers of the person(s) insured with Assuria and take this information into consideration about accepting or not accepting a claim on this policy.

Completed in dated

Signature applicant

Art.320 Commercial Code reads: each wrong or untruthful statement or each concealment of circumstances known to the person insured (read policyholder), however much in good faith or having happened at his side, which is of such a nature that the agreement would not or would not have been concluded under the same condition if the insurance company of the policies had known about the state of affairs, renders the insurance null and void

PERSONS TO BE INSURED (TRIAS WORLD SHORT-TERM AND CONTINUING)

Name	Given name	Date of birth	Sex	Maximum cover	Maximum cover period*	E-mail address
1.			OMOV	OUS\$ 50,000 OUS\$ 100,000	045 days 060 days	
2.			OMOV	OUS\$ 50,000 OUS\$ 100,000	045 days 060 days	
3.			OMOV	OUS\$ 50,000 OUS\$ 100,000	045 days 060 days	
4.			OMOV	OUS\$ 50,000 OUS\$ 100,000	045 days 060 days	
5.			OMOV	OUS\$ 50,000 OUS\$ 100.000	045 days 060 days	

(If you want to insure more persons, you can do it separately)

PERSONS TO BE INSURED AND (TRIAS CARIBBEAN)

Name	Given name	Date of birth	Sex	Maximum cover	E-mail address
1.			OMOV	OUS\$ 50,000	
2.			OMOV	OUS\$ 50,000	
3.			OMOV	OUS\$ 50,000	
4.			OMOV	OUS\$ 50,000	
5.			OMOV	OUS\$ 50,000	

(If you want to insure more persons, you can do it separately)

PERSONS TO BE INSURED AND (TRIAS EUROPE SHORT-TERM AND CONTINUING)

Name	Given name	Date of birth	Sex	Maximum cover period*	E-mail address
1.			OMOV	045 days 060 dagen	
2.			OMOV	045 days 060 days	
3.			OMOV	045 days 060 days	
4.			OMOV	045 days 060 days	
5.			OMOV	045 days 060 days	

(If you want to insure more persons, you can do it separately)

*only to be in completed if you choose one of the Trias Continuing insurance policies