



dsm-firmenich

DSM ASSURANTIËN

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APPLICATION FOR BUILDINGS INSURANCE

new request Effective date

(new relation)

change policy number Amendment date

(existing relation)

1 Applicant (DSM/DSM-related companies) male female

Name	.....	Initials	.....
Address	.....	Date of birth	.....
Postal code	.....	City	.....
Employer	.....	IBAN-nr	.....
Phone/private	.....	BIC-nr	.....
Phone/work	.....	Emailadres	.....

2 Premium Payment

Please indicate the premium term

per month half year per year

I hereby authorize DSM Insurances the premium due will automatically be depreciated from the above account number.

Signature: **date**

3 Contents (extra extended cover incl. indexation)

Insured amount (reconstruction value) : € incl. foundation Yes No

Premium: 0.76 ‰ of the amount insured
 0.60 ‰ of the insured amount with an additional excess of € 45,-- per damage

Would you like an additional excess of € 45,--/damage? Yes No

incl. glass (premium € 15.50/year)

special glass (e.g. stained glass, cut glass; Premium € 31,--/year)

solar panels: €



4 Risk Description

risk address:

postal code and city:

building construction stone/concrete wood other, namely

roof tile roof thatched roof other, namely

floor construction stone/concrete wood other, namely

walls construction stone/concrete wood year:.....

destination house dorm room apartment cottage

type of building flat family home other, namely

use of the building own use recreational other, namely

What are the adjoining buildings?

Will a company/companies be practiced there? Yes No

If yes which?

Is the property inhabited day and night? Yes No

Uninhabited from..... To..... (e.g. rebuilding)

5 Previous/Existing Insurance

Have any insurances been refused, cancelled, or accepted against special conditions/
continued Yes No

If so, why, by which company and at which insurance type?

.....

6 Other Announcements

Do you have anything to say that the assessment of this insurance application could be of
interest? Yes No

If yes, please mention details

.....

Filled in.....

Date.....

Signature Applicant.....

EXPLANATORY STATEMENT

Personal data

When applying for insurance and / or coverage; in the event of a change and in the event of damage, personal data will be requested. These are processed by DSM Assurantiën for the purpose of entering into and executing agreements and marketing activities, to prevent and combat fraud against financial institutions, for statistical analysis and to be able to comply with legal obligations. In connection with the implementation of a responsible acceptance and claims settlement policy, Nationale Nederlanden can consult personal data at Stichting CIS in The Hague and have it recorded there in the event of a reported damage. The privacy regulations of the CIS Foundation apply to this. See also: www.stichtingcis.nl.



DSM Insurances BV, hereinafter referred to as "DSM Assurantiën", processes your personal data for the purpose of realizing insurance contracts, preventing fraud and complying with legal obligations. The privacy statement of DSM Assurantiën applies to the processing of your data. You can find this privacy statement at www.dsm.nl/verzekeringen. Because DSM Assurantiën is the authorized representative of Nationale Nederlanden, Nationale Nederlanden processes your personal data for the insurance product mentioned on this form. The privacy statement of Nationale-Nederlanden applies to this processing. You can find this at www.nn.nl/privacy. Both parties are independently responsible for processing as referred to in the General Data Protection Regulation.
