

dsm-firmenich 🐽

DSM ASSURANTIËN

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APPLICATION FOR BUILDINGS	NSURANCE					
I new request		Effective date Amendment date				
 change policy number (excisting relation) 						
1 Applicant (DSM/DSM-relate	d 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 ter	m					
🛛 per month 🛛 🗠 ha	alf year	🛛 per year				
I hereby authorize DSM Insurances the	premium due will	automatically be depr	eciated from the a	bove account number.		
Signature:	date					
3 Contents (extra extended	cover incl. in	dexation)				
Insured amount (reconstruction	on value) : \in .	inc	l. foundation o	Yes o 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?						
Would you like an additional excess of € 45,/damage? o Y o incl. glass (premium € 15.50/year)						
o special glass (e.g. stained gl	•	· Premium € 31	-/vear)			
o solar panels: €	•	,	,,,			



4 Risk Description

risk address:				
postal code and city:				
building construction				
roof	o tile roof			
floor construction	o stone/concrete	o wood	o other, namely	
walls construction	o stone/concrete	o wood	year:	
destination	o house	o dorm room	o apartment	o cottage
type of building	o fl a t	o family home	o other, namely	
use of the building	o own use	o recreational	o other, namely	
What are the adjoining b	ouildings?			
Will a company/compan	o Yes o No			
If yes which?	- 			
Is the property inhabited	o Yes o No			
Uninhabited from	То		. (e.g. rebuilding)	
5 Previous/Existing Insu	urance			
Have any insurances bee	en refused, cancelled	d, or accepted agai	nst special conditio	ns/
continued			o Ye	s o No
If so, why, by which com	pany and at which ir	surance type?		
6 Other Announcemen	ts			
Do you have anything to	say that the assess	ment of this insura	nce application cou	ld be of
interest?			o Yes o No	
If yes, please mention de	etails			
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: <u>www.stichtingcis.nl</u>.

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.