


**dsm-firmenich** 

DSM ASSURANTIËN

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**APPLICATION FOR LEGAL EXPENSES INSURANCE**

new request ..... Effective date : .....

(in case new client)

change policy /clientnr. .... Amendment date: .....

(existing client)

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**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	.....

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**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** .....

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**3 Kind of insurance**

- Legal Aid Standard Premium € 185.50/year
- Legal Aid Extended Premium € 223.50/year
- Legal Aid Traffic Premium € 60.50/year
- Rented property Premium € 50,--/rental address

Address:.....

Address:.....




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#### 4 Discount/Surcharge

##### Discount:

- Single (Discount € 8.50)
- Motor Insurance at DSM (Discount € 10.50)\*)

\*) Uninsured loss recovery (Verhaalsrechtsbijstand) standard included into the motor insurance

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#### 5 Questions concerning yourself and/or your family members

- Has or do you expect a problem with an employer or did you have that in the past 5 years?  Yes  No
- Do you receive a benefit under the WIA (disability insurance)?  Yes  No
- Or are you expecting a problem with a public authority or have you had that in the last 5 years?  Yes  No
- Do you expect a change in the applicable for your environment destination?  Yes  No
- Do you have or expect a problem with the neighbours or did you have a problem the last 5 years?  Yes  No
- Have you been convicted in the past 5 years?  Yes  No
- Were there insurance request refused or expelled the past 5 years?  Yes  No
- Do you expect a (legal) dispute in the foreseeable future to get involved in?  Yes  No

If any of the above questions are answered with Yes then please provide an explanation on an annex.

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Filled in ..... Date .....

Signature Applicant .....

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#### 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](http://www.stichtingcis.nl).

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](http://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](http://www.nn.nl/privacy). Both parties are independently responsible for processing as referred to in the General Data Protection Regulation