



Expatriate Policy for Foreign Professionals in The Netherlands application

insurance consultant The Joho Company | agency number 6636

Joho Insurances
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Expat Policy for Foreign Professionals in The Netherlands application



Taking out the Expat Policy for Foreign Professionals in The Netherlands is subject to conditional acceptance (this applies to all sections).

The following persons are eligible for a Expat Policy for Foreign Professionals in The Netherlands:

- The applicant stated first must be in the temporary employment of a company in The Netherlands either seconded as an expatriate to a Dutch Company or as a staff member of a foreign company in The Netherlands;
- The applicant stated first must be a self-employed person of a profession which he temporarily practices in The Netherlands;
- The remaining applicants must either be the partner and/or children of the applicant stated first and reside at the same address in The Netherlands. All applicants must reside in The Netherlands.

The insurance can be taken out by the employer of the candidate stated first and/or the candidate stated first himself. The applicant stated first must be at least 18 years old.

You are obliged to take out a minimum of two insurances.

1. APPLICANT/POLICY HOLDER

insured is policy holder

| | | | |
|----------------------------|--------|--------------------------|--|
| first name | | last name | |
| ADDRESS IN THE NETHERLANDS | | | |
| street | | house number | |
| postal code | town | | |
| telephone | mobile | email | |
| profession | | in service since (d-m-y) | |
| name of employer | | established at (d-m-y) | |
| type of business | | | |

employer of insured is policy holder

| | | | |
|---------------------------|--------|-----------|--|
| company name | | | |
| correspondence address | | | |
| postal code | town | | |
| type of business | | | |
| trade registration number | | | |
| CONTACT PERSON | | | |
| first name | | last name | |
| telephone | mobile | email | |

2. PERSONS TO BE INSURED

| name and first name(s) | nationality | <input type="checkbox"/> male <input type="checkbox"/> female | date of birth (d-m-y) |
|------------------------|-------------|---|-----------------------|
| 1 | | <input type="checkbox"/> male <input type="checkbox"/> female | |
| 2 | | <input type="checkbox"/> male <input type="checkbox"/> female | |
| 3 | | <input type="checkbox"/> male <input type="checkbox"/> female | |
| 4 | | <input type="checkbox"/> male <input type="checkbox"/> female | |
| 5 | | <input type="checkbox"/> male <input type="checkbox"/> female | |
| 6 | | <input type="checkbox"/> male <input type="checkbox"/> female | |

3. INSURANCE

desired effective date (d-m-y)

expected duration of stay

ADDRESS IN THE HOME COUNTRY

street and housenumber

postal code

town

country

telephone

mobile

fax

e-mail

4. COVER

Some benefits require to fill in a health declaration.

SOS Gouda Service Package (compulsory)

Personal Liability

insured nr

1

2

3

4

5

6

additional cover insurance recovery help

Household Contents

Please fill in the attached household contents insurance sum indicator in order to determine the total value of your household contents.

BUILDING

street

housenumber

postal code

town

own house

rented accommodation

number of rooms (bedrooms, study rooms)

type of construction of the building brick/concrete with tiled roof

other

adjoining buildings detached

in row

apartments

capacity of insured owner

tenant

amount to be insured (the amount determined in the household contents insurance sum indicator)

€

SECURITY MEASURES

Do you have a burglar alarm in your house/apartment?

yes

no

Continuous Travel

Worldwide cover

Please state the policy number and company of your health insurance in The Netherlands or in your country of origin.

policy number

insured nr

1

2

3

4

5

6

Additional cover Cancellation €2.500,- per person (max. € 8.750,- per holiday)

Personal Accident

insured nr

1

2

3

4

5

6

To whom are benefits to be paid in the event of death?

legal beneficiaries

spouse

other, namely

date of birth (d-m-y)

Legal Assistance

insured nr

1

2

3

4

5

6

5. PREMIUM

premium will be paid in euro's

per year half year (surcharge 3%) quarter (surcharge 5%) month (surcharge 6%, direct debit compulsory)

to Goudse Schadeverzekeringen N.V.

via girocheque (only possible if you pay yearly)

direct debit

Insured agrees that Goudse Schadeverzekeringen N.V. may debit monies directly from the stated bank account.

bank account

in the name of

signature payee

6. FINAL QUESTIONS

If this insurance is taken out by a (commercial) partnership or a legal entity, the final questions also apply to:

- The members of the partnership
- The (limited) partners of the commercial partnership
- The (managing) director(s) under the articles of association of the legal entity
- The shareholder(s) with an interest of 33.3% or higher and – insofar as these are a legal entity – their (managing) director(s) under the articles of association and shareholders with an interest of 33% or higher

CRIMINAL FACTS

Have you, or another interested party in this insurance, been in trouble with the police or law during the past eight years, as a suspect or upon implementation of an imposed (punitive) measure?

no yes

If so, please state what the punishable offence was (summary offences are also regarded as a punishable offence), whether the case went to court, what the result thereof was and if any (punitive) measures have already been implemented.

If the matter did not go to court, please indicate whether a settlement was reached with the Public Prosecution Service and if so, on which conditions the settlement was secured.

If you so wish, you can send this information to management in confidence.

Note: when answering this question, not only the personal knowledge of the applicant/policyholder is decisive, so too is that of other interested parties.

DETAILS SIMILAR INSURANCE(S)

Has a company ever refused you or any other person to give our insurance, terminated it or imposed special conditions on it?

no yes, reason

date (d-m-y)

company

policy number

Is a similar insurance concluded with another company at present? (please state details of your medical and other insurances if applicable)

no yes, per (d-m-y)

company

policy number

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, per (d-m-y)

company

policy number

no yes, per (d-m-y)

company

policy number

no yes, per (d-m-y)

company

policy number

no yes, per (d-m-y)

company

policy number

7. DECLARATION AND SIGNATURE

In case the employer of the first-named person to be insured is the policy holder, the corporate body named with question 2 under B has to sign this statement. In case the first-named person to be insured (refer to question 3) is the policy holder, the first-named person to be insured has to sign the statement.

Important!

As an applicant/prospective policy holder you shall oblige to answer the questions on this application form to the best of your knowledge, that you have taken note of the information and that you would like to obtain the insurance in accordance with this. The duty to supply information comprises everything that may be relevant for the assessment of the risk and person(s) applying. Questions to which you think De Goudse may already know the answer should also be fully answered. Facts and circumstances relevant to questions posed which arise after completion of this form but before De Goudse has made a final assessment regarding your application should also be disclosed. If there are other applicants apart from yourself that have reached the minimum age of 16 at the time of application then you should also disclose the same information as well as for yourself.

If after the inception of the policy it later comes to light that one or more of the questions has not been truthfully or correctly answered, then this may lead to an adjusted or no compensation. If your intention was to deliberately mislead us in order to gain insurance coverage and our decision would have been not to insure you based on those actual facts then we reserve the right to terminate the insurance with immediate effect. By making this application you agree to the contents and administering of the policy conditions. These are available for perusal at our office and can be requested prior to applying for insurance coverage. They will in all cases be sent after acceptance together with the policy schedule.

You agree to accept the insurance and pay the premium, assurance tax and costs.

The contracts term for this insurance is 1 year. The insurance may be cancelled at the end of this period having given 2 months prior written notice. After this period the insurance can be cancelled on a daily basis, having given one months prior written notice. The maximum period of insurance is 5 years.

Where so required, based on the nature of the risk, De Goudse will be entitled, prior to acceptance of the application, to determine a deviating premium and/or to include other conditions or special provisions.

When applying for an insurance or other financial products your personal details will be requested. These details will be used by De Goudse for the following purposes; for starting and carrying out insurance contracts for carrying out marketing activities, for preventing and eliminating fraud against financial institutions, for statistical analysis and for adhering to legal requirements. The handling of your personal details is in line with de Gedragscode Verwerking Persoonsgegevens Financiële Instellingen. A consumers brochure is available at De Goudse at your request. De complete text can be read via the website of Verbond van Verzekeraars www.verzekeraars.nl. You can also request a copy from Verbond van Verzekeraars (Postbus 93450, 2509 AL Den Haag, telephone 070-3338500).

This insurance may require the processing of medical details. These details are disclosed by the insured or – subject to his or her approval – obtained from a doctor. These medical details are processed under the responsibility of a medical consultant (doctor). Medical details are made available by the medical consultant to others within the company, only if they are directly involved in the treatment and if they require the data for the execution of their duties. In that case, these other persons are subject to the same obligation to secrecy as the medical consultant, imposed by virtue of doctor-patient confidentiality.

By virtue of the Medical Treatment Contracts Act (WGBO), the applicant is entitled to be the first to hear the acceptance advice the medical consultant of De Goudse intends to issue to De Goudse. To this end, we refer you to the notes of the health declaration.

In order to maintain a responsible acceptance policy De Goudse is able to peruse your personal details at Stichting Centraal Informatie Systeem (CIS) in Den Haag. This can be done in order to be in better control of our risks. The privacy rules and regulations of the Stichting CIS are applicable. See www.stichtingcis.nl.

Fraud is trying to obtain compensation or coverage under the insurance under false pretences, where there would in reality be no coverage.

Consequences of Fraud

Complete or partial fraud can lead to withdrawal of payment and coverage which may additionally lead to

- reporting of the incident to the police or local authorities
- termination of the insurance agreement
- registration in the insurers fraud system(s)
- reclamation of previously made payments to you for compensation or costs associated with this in order to determine coverage or damage.

Dutch law applies. Complaints regarding the implementation of the insurance agreement can be sent to de Klachtencommissie De Goudse, Postbus 9, 2800 MA Gouda. If the handling or judgement of your complaint is not carried out to your satisfaction you may then refer this to the Stichting Klachteninstituut Financiële Dienstverlening (Kifid - Dutch Ombudsman), Postbus 93257, 2509 AG Den Haag, telephone 0900-3552248. For more information take a look on www.kifid.nl.

Goudse Schadeverzekeringen N.V. is registered with the Autoriteit Financiële Markten (AFM) (Netherlands Authority for the Financial Markets). De Goudse is a provider of insurance. De Goudse is based in Gouda at Bouwmeesterplein 1 (Postbus 9, 2800 MA Gouda).

De Goudse personnel do not provide consultation on our own insurance and financial products. De Goudse collaborates closely with insurance agencies and other professional consultants.

This application is signed by

1 name and first name

private address

date of birth (d-m-y)

nationality

profession

2 name and first name

private address

date of birth (d-m-y)

nationality

profession

3 name and first name

private address

date of birth (d-m-y)

nationality

profession

Who is/are entitled to represent the prospective policy holder?

Undersigned declares

- to have answered all of the above questions, truthfully, correctly and to the best of his knowledge and to have disclosed all information relevant to this application;
- to send this Application Form and all other information relevant to this application for acceptance purposes;
- to have familiarized himself with the contents of this form.

In case the employer is the policy holder, please sign here

date (d-m-y)

town

signature 1 on behalf of policy holder

date (d-m-y)

town

signature 2 on behalf of policy holder

date (d-m-y)

town

signature 3 on behalf of policy holder

In case the first-named person to be insured is the policy holder, please sign here

date (d-m-y)

town

signature of principal policy holder/insured