

Client

Name:

Address:

Place: Postcode:

Email:

Profession:

Date of Birth: VAT Nr.:

Intended starting date:

Driver

Name:

Date of Birth:

Drivers licence Nr.: Date:

Risk Address (Address where the garage is located)

Place: Postcode:

Where is the car parked?
(the coverage is only available if parked in garage)
Individual garage
Common garage

Security Information

Do you have anti-theft alarm in the garage where it is parked? Yes No

If so, specify:

How are the keys stored?

Is the risk address equipped with other physical/electronic protection? Yes No

If so, specify:

Is the car equipped with a GPS tracker? Yes No

Covered vehicles

Brand and model	Registration nr.	Year	Number of uses/month	Current km nr.	Nr. km/year	Value
						€
						€
						€
						€
						€
						€
						€

Coverage / Prize

Chosen coverage option
 Fire + Theft or Burglary
 All-Risks

Claims history

Have you or any named driver had any accidents, losses or claims within the last 5 years? Yes No
 If so, specify:

Inspection

The vehicle has no damage.

Inspection made by

Name:

Date:

Additional information

Have you or any named driver owned/driven other similar cars in the past? Yes No
 If so, specify:

Any resident in the property covered was ever convicted or charged with any crime (except traffic) or is in a bankruptcy process or is in an arrangement with creditors? Yes No

Is there any other information you would like the insurance company to know about? Yes No
 If so, specify:

Data Protection Law

Personal Data Protection. The personal data collected shall be processed and stored on computer by **Innovarisk**, acting in its capacity as the entity in charge of information processing, which shall process your data in the name of and on behalf of the insurance company and only for the purposes established by it.

The entity responsible for data processing under the terms of currently applicable legislation shall be **Innovarisk**, and they shall be processed for the purposes of the payment of accidents, claims management, and for the purposes of collaboration with various entities for statistical purposes and for the purposes of the anti-fraud policy, as well as for the divulgation of our activity and products, unless, as regards the latter case, you have to expressly authorise us.

Regarding the latter case, please tick here if you do want to authorise.

Consent may at any time be revoked by direct information to Innovarisk.

Any omissions, inaccuracies and falsity concerning data to be provided either on an obligatory or original basis, are under your entire responsibility. In any event, the owners of the data are guaranteed access to the information concerning them, and may request their correction, addition or elimination by means of direct contact or in writing, with **Innovarisk**, Avenida Duque de Loulé, 123 - 7º, 1069-152 Lisboa.

You also give us your express consent to the assignment of such data to other insurance companies or public or private bodies related with the insurance sector, for statistical purposes or for the purposes of the anti-fraud policy, as well as for the purposes of co-assurance and reinsurance. The data may also be communicated between the companies that insure the risk, for the above-mentioned purposes.

Initial declaration of risk

I/we declare that this form was filled in after completing the appropriate checks; (b) its contents are truthful and accurate and (c) all the events and circumstances that may be relevant for the consideration of our insurance proposal have been communicated.

If any information provided in this questionnaire or its appendices incurs alterations before the start date of the policy for which this questionnaire was completed, or should you become aware of new facts or circumstances that could affect the insurance cover, you must notify **Innovarisk** and we may modify or withdraw the insurance cover.

I/we agree that this form and all the information provided are incorporated within the insurance contract and shall form an integrating part thereof.

Pre-contractual information

The Policyholder expressly acknowledges that he accepts the General and Special Conditions, and that he has read, examined and understood the content and scope of all the clauses contained within the same Conditions. Lastly, the policyholder expressly acknowledges that he has received the information concerning legislation applicable to the insurance contract, the different instances of claim, and the identification and legal status of the Insurer and the respective representing company.

Signature

Date

You must keep a copy of this proposal, for registration.