

### Assuré

N° de police Hiscox si déjà existante (Hiscox policy number if existing risk)

Nom et prénom: (Name)

Profession: (Occupation)

Adresse de correspondance: (Correspondence Address)

Adresse du risque: (Risk Address (if different))

Code Postal: (Postcode)

Numéro de NIF (NIF Number)

Montant de la dernière prime: (Target premium)

N° de police Hiscox si déjà existante (Hiscox policy number if existing risk)		
Nom et prénom: (Name)		
Profession: (Occupation)		Date de naissance: (Date of Birth)
Adresse de correspondance: (Correspondence Address)		Code Postal: (Postcode)
Adresse du risque: (Risk Address (if different))		
Code Postal: (Postcode)		
Numéro de NIF (NIF Number)		
Montant de la dernière prime: (Target premium)	Assureur actuel: (Existing insurer)	Date d'effet: (Renewal date)

**Sinistres au cours des 5 dernières années** (date, coût, nature et type de réparations):

(**claims** during the last 5 years (date of loss, amount incurred, cause of loss, improvements made since))

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### Information du risque (Risk Information)

<b>Type de Demeure (Property Use?)</b>	Maison de vacances, louée de temps en temps (Holiday Home (inc. occasional lets))	Louée (Let)	Résidence principale (Main)
<b>Type de Demeure (Type of property)</b>	Appartement (Flat)	Maison (House)	Demeure classée MH ? (Is the property listed?) Oui (Yes) Non (No)
<b>Emplacement (Location)</b>	Centre ville (Town/village centre)	Communauté (Gated community)	Rural (Other residential) Autre (Other)
<b>Année de construction (Year built)</b>			
<b>Bâtiment sont (Construction type)</b>	En béton et briques (Contemporary (concrete/brick))	En pierre (Traditional (stone))	Autre (Other)
<b>Nombre de chambres (Number of bedrooms)</b>			
<b>Superficie (Habitable surface area)</b>	m <sup>2</sup>		
<b>Système de détection (Alarm)</b>	Vol (Theft)	Incendie (Fire)	Sonnerie (Bells only) Relié à télésurveillance (Central station) Surveillance de ligne téléphonique (Linked to keyholders)

### Inondation, glissement de terrain et travaux (Flood, building works and subsidence)

Aucun risque d'inondation. Résidence située loin de rivière, ruisseau ou marée (Free from flooding and not near rivers, streams or tidal waters?)	Oui (Yes)	Non (No)
La propriété est ou sera en vente dans les 12 prochains mois ? Se trouve-t-elle en cours de travaux d'un montant supérieur à 50.000€ ? (Property is (or will be within the next 12 months) up for sale, in the course of construction or undergoing building/renovation works costing more than £40k ?)	Oui (Yes)	Non (No)

**Montants assurés – Les polices uniquement d’habitation ne seront pas acceptées**  
**(Amounts insured – We will not accept buildings only policies)**

Maison principale: (Main building, or fixtures and fittings for flats)		Nous baserons notre devis sur une somme assurée, dérivée de l'information donnée ci-dessus chaque fois que cela est supérieur au chiffre requis (We will base our quote on a sum insured derived from the information given above whenever this is greater than the figure requested)
Autres bâtiments et structures: (Other buildings and structures)		
Contenu: (Contents)		Minimum de 150.000€ pour Résidence principale (Minimum de 150.000€ for permanent residences)

**Information supplémentaire –** Objet d’art et de collection, bijoux, montres, articles personnels, augmentation de couverture pour les objets en plein air, etc.

**(Additional information –** fine art or jewellery cover required, outdoor items cover, non-standard construction, description of outbuildings, etc.)



## Holiday Homes

### Questionnaire préalable d'assurance

#### Use of personal data - Innovarisk Privacy Policy

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 Insurer and only for the purposes established by it.

Any omissions, inaccuracies and falsity concerning data to be provided either on an obligatory or original basis, are under your entire responsibility.

The data can be used for the promotion of our activity and products, unless, as regards the latter case, you have to expressly authorise us.

**Please tick here if you do want to authorise.**

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

#### Use of personal data - Hiscox Privacy Policy

Hiscox S.A. ("HSA") is the specific Company that acts as a controller for your personal data.

We collect and process Your personal data for the purposes of underwriting, entering into, performing and managing insurance contracts. In particular, the evaluation and processing of insurance proposals, risk assessment, administration of the insurance policy, claims and loss management, payment of indemnities or provision of services related to the full development of the insurance contract through all its stages and compliance with legal and regulatory obligations applicable to insurers and reinsurers.

Your personal data is necessary for the performance of the insurance contract which You are a party to, or to take pre-contractual steps prior to entering in the insurance contract. If You did not provide us with the information –personal data- requested, it would not be possible to properly comply with the contractual benefits.

In certain circumstances, we will process Your personal data within other lawful bases, as explained in detail in our Privacy Policy in <https://www.hiscox.pt/privacidade>

The proper development of the insurance contract and the fulfilment of our internal legal, regulatory and administrative obligations, makes it necessary for us to share Your data with other companies of the Hiscox group, regulatory bodies, credit agencies, fraud prevention agencies or third parties that they provide services related to the insurance contract such as insurance intermediaries, other insurers or reinsurers, IT service providers, experts or lawyers. You have the right of access, rectification and erasure of Your personal data. Likewise, You can exercise the rest of the rights guaranteed by the applicable European and Portuguese regulations regarding the protection of personal data.

For more detailed information on the processing and use of Your personal data and Your rights with respect to such data, please read our Privacy Policy carefully in <https://www.hiscox.pt/privacidade> and, should You have any doubts in that regard, do not hesitate to contact us by phone +351 210 027 330 or e-mail address [info\\_portugal@hiscox.com](mailto:info_portugal@hiscox.com)

**Declaration**

Please read the following information carefully and sign it at the end.

The risk coverage will only begin after formal confirmation by the Insurer.

Please note that this policy works for the following year and is valid until either party denounces it in accordance with the General and Special Conditions or for non-payment of any premium due.

**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.**