

APPLICATION FORM COMMERCIAL THIRD-PARTY LIABILITY INSURANCE

Broker:
Coverage:
<input type="checkbox"/> Commercial Third-Party Liability

1. Policy Holder

a. Last name and first names/ company name	b. Date of birth
c. Occupation	d. Collection Address
e. Residing address	f. Residence
g. Telephone number	h. Email address
i. ID Nummer/ KvK number	j. Gender
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

2. Insurance Details

a. Amount to be insured	<input type="checkbox"/> XCG./ USD. 250.000,-
	<input type="checkbox"/> XCG./ USD 500.000,-
	<input type="checkbox"/> Other: XCG./ USD.
b. Start date:	b.

3. Business or Profession

a. Business name. Occupation	b. Business Address
c. Owner/ Director Name	d. Type of business
e. Incorporation date of the company?	f. Do you lease business space to others?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Multiple branches?	h. Do you want coverage in another capacity??
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list addresses	If yes, which capacity?

(*) For foundations or associations, a copy of the statutes must be attached

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4. Work performed at third party location

Do you perform work at other locations ? (e.g.: installations, assemble/disassemble, repairs)

☐ Yes ☐ No

If yes, describe the work

5. Payroll and revenue

a. Number of employees (including branches

a.

b. Total gross annual payroll for owners, directors, partners, and employees

b.

c. Annual revenue

c.

6. Hazardous materials

a. Does your business use explosive, flammable, radioactive or other hazardous materials?

☐ Yes ☐ No

If yes of which materials?

b. Are these materials used at clients locations?_

☐ Yes ☐ No

c. How are these materials transported?

d. What materials are disposed of as waste?

e. How are these disposed of?

7. Products produced and distributed

a. What products does your company produce?

b. What raw materials or components are used?

c. What products does your company distribute?

d. Are these goods subject to additional processing?

☐ Yes ☐ No

If yes please describe

e. Are the products packaged and / or labeled?

☐ Yes ☐ No

If yes please describe

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8. Info about customers

a. Who are your customers? (e.g. end consumers, factories, wholesalers)

b. Are your products used by others as raw materials or components?

☐ Yes ☐ No

If yes by whom and for what purpose

c. Do you apply delivery terms in your transactions?

d. Are your products delivered with a brochure, specifications or instructions?

☐ Yes ☐ No

If so, please attach it or them

9. International Activities

a. Is your business active outside the Dutch Caribbean or Aruba ?

☐ Yes ☐ No

If so, please provide information

b. Does your business have branches outside of the Dutch Caribbean and Aruba?

☐ Yes ☐ No

If so, please provide information

10. Equipment

Does your company utilize equipment such as cranes or lifts, loading bridges, pile drivers?

☐ Yes ☐ No

If so please elaborate:

11. Other liability

a. Do you own other properties (buildings) other than those used for your business?

☐ Yes ☐ No

b. Do you want liability coverage for these buildings?

☐ Yes ☐ No

If yes, please provide details (eg. Location, adjacent buildings, reconstruction value, purpose of the building)

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12. Previous claims

a. Have you been insured for liability insurance before

☐ Yes ☐ No

If yes with which company

b. Have you ever caused bodily injury to ?

☐ Yes ☐ No

c. Have you ever caused material damage to a third party?

☐ Yes ☐ No

d. Have you ever been required to pay a compensation

☐ Yes ☐ No

If so, please provide information (eg. Amount, when, cause)

13. Additional information.

a. Have you or any related party ever had a liability insurance application rejected or coverage withdrawn?

☐ Yes ☐ No

If yes, provide date, insurer, and reason

b. Are there any other relevant details we should be aware of?

☐ Yes ☐ No

Details

c. Do you have other policies or applications for new insurances with SaBeé Insurance

☐ Yes ☐ No

If yes specify.

14. Criminal History

a. Are there any facts to report regarding a possible criminal history that occurred within the past eight years and relates to:

- The Applicant:

- other individuals whose interests are also insured under this policy (including private legal partnerships such as general partnerships and professional partnerships):

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Declaration

The undersigned declares that all questions have been answered truthfully and that no relevant details have been withheld. Incomplete or incorrect information may delay claims processing or void coverage.

Date:

Signature of policy holder: