



INSURANCE APPLICANT'S NEEDS FORM

(In accordance with Article 11 of P.D. 190/2006)

CLIENT'S PERSONAL INFORMATION

Last name:	Name:	
Date of Birth:		
Family status:	Children:	
Street:	Number:	Zip Code:
City:	Tel:	
Permanent resident:	E-mail:	

Do you wish to provide us with information that will be used for the conduction of an insurance needs research for you, your family and your property? YES NO

OCCUPATIONAL AND FINANCIAL INFORMATION

Main occupation:	Secondary:	
Social Security Fund:		
Spouse's occupation:	Social Security Fund:	
Monthly Income: €	From work: €	From another source: €
Monthly Expenses: €		
Loans: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:	Amount: €	
Type:	Amount: €	
Type:	Amount: €	

WHAT ARE YOUR INSURANCE NEEDS FOR WHICH YOU ARE CONTACTING OUR COMPANY?

(e.g. home fire insurance, car insurance, etc.)

1.
2.
3.
4.
5.
6.

NECESSARY INFORMATION FOR OBTAINING OFFERS
 (Only the relevant field of the risk to be insured must be filled in)

RESIDENCE	
Commencement date of insurance.	
Type of residence	
Building construction	
Sqm.	
Building value	
Content value	
Year of construction and renovation	
Other information	

BUSINESS	
Commencement date of insurance.	
Type of business	
Building construction	
Sqm.	
Building value	
Content Value	
Year of construction and renovation	
Other information	

CAR	
Commencement date of insurance.	
Cubic meters (cc)	
Brand and model	
1 st traffic license	
Car value	
There is a new driver	

OTHER TYPES OF INSURANCE (e.g. Civil Liability insurance)	

Date

THE CLIENT
 (Full name and Signature)

THE INSURANCE INTERMEDIARY
 (Full name and Signature)

OUR PROPOSITION

(client's needs analysis and substantiated advice on insurance coverage according to Article 11 of PD 190/2006)

I have been informed about the offers of the following insurance companies:

- 1
- 2
- 3
- 4
- 5

And I chose the offer of the Insurance Company

Additional comments - specificities:

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STATEMENT

The signatory.....

I hereby declare that:

- I am disclosing my personal data to you for the purpose of researching the insurance market for the collection of indicative insurance proposals – offers and the provision of my insurance coverage, according to the needs and capabilities that I have declared to you. Such offers do not constitute an insurance policy and do not bind the Insurance Company as to the acceptance of the application. The final cost and amount of insured funds and coverages will be determined upon final issuance of the insurance policy.
- The Insurance Intermediary has taken into consideration my insurance needs as well as my financial capabilities.
- I have received in physical or digital form specific information sheets, different from any advertising or information sheets of the Companies, i.e. separately as a body, of a different color, the relevant forms concerning the mandatory information from your insurance intermediary according to article 11 of P.D. 190/2006.
- I have been fully informed about the coverages, benefits, general and special conditions, exclusions, the consequences of early termination or cancellation or surrender, the rights of objection, withdrawal and termination of the insurance policy I have chosen as well as about the consequences of invalid premium payments.
- I have been informed by my insurance intermediary about the Insurance Companies with which they cooperate, either by direct contract or through other Insurance Intermediaries, i.e. Insurance Brokers.

Date

THE CLIENT
(Full name and Signature)

THE INSURANCE INTERMEDIARY
(Full name and Signature)