

BTA: GROUP BUSINESS TRAVEL ACCIDENT INSURANCE UNLIMITED TRAVEL DAYS APPLICATION FORM

Policyholder's name:	
Policyholder's address:	
Policyholder's activity:	
Broker's name:	

Business activity abroad:	White-collar <input type="checkbox"/>		Blue-collar and white-collar <input type="checkbox"/>	
Insurance package required:	Economy <input type="checkbox"/>	Business <input type="checkbox"/>	Business extra <input type="checkbox"/>	First Class <input type="checkbox"/>
Yearly travel days usage:	100 – 500 days <input type="checkbox"/>	500 – 1 000 days <input type="checkbox"/>	1 001 – 3 000 days <input type="checkbox"/>	3 001 – 5 000 days <input type="checkbox"/>
Commencement date of cover:				

Terms and conditions of Group Business Travel Accident Insurance:

Colonnade Insurance S. A. Branch Office in Hungary
Colonnade Group Business Travel Accident Insurance | Terms and Conditions 001-2021

Budapest, 20.....

Policyholder's signature

We as undersigned hereby consent to the terms of the Privacy Policy with which we have been provided. By submitting information to Colonnade relating to any identifiable individual, we represent that we have authority to provide that Personal Information to Colonnade. With respect to any individual about whom we provide Personal Information to Colonnade, we agree: (a) to inform the individual about the content of this Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of Personal Information about the individual in accordance with this Privacy Policy.

DECLARATION

1. Russia/Belarus/ Ukraine Ownership or control

I declare that the company / Policyholder represented by me is not owned or controlled directly or indirectly by any Russian/Belorussian or Ukrainian person(s) (legal entities registered in Russia/Belarus or natural persons with Russian/Belorussian citizenships).

2. Russia/Belarus/Ukraine registered subsidiaries

I declare that the Company / Policyholder represented by me does not have any subsidiaries or any other interests, assets or permanent establishments in Russia, Belarus or Ukraine.

3. Business relationships with Russia/Belarus

I declare that the company / policyholder represented by me does not sell any products/service to the Russian/Belorussian or Ukraine markets directly.

I declare that the company / policyholder represented by me does not purchase any products/service from Russian/Belorussian or Ukrainian person(s) (legal entities registered in Russia/Belarus or natural persons with Russian/Belorussian citizenships) directly.

Date:

Signature of the Policyholder/Insured/Coinsured