

Policyholder's name			
Policyholder's address			
Policyholder Tax Number			
Policyholder's Activity			
Broker's name			
Start Date of Cover			
Selected territorial scope	Europe ☐	Worldwide 1 ☐	Worldwide 2 ☐

Name of the Insured		Date of Birth	Requested Insurance Package (please select)		
1.			Silver	Gold	Platimun
2.			Silver	Gold	Platimun
3.			Silver	Gold	Platimun
4.			Silver	Gold	Platimun
5.			Silver	Gold	Platimun
6.			Silver	Gold	Platimun
7.			Silver	Gold	Platimun
8.			Silver	Gold	Platimun

If any person to be insured reaches the age of 80 during the insurance period, please complete a separate proposal form for that person, indicating their age details.

If the space provided is insufficient, please attach a separate sheet.

Total number of employees:

Total number of travel days per year:

Please indicate in percentage terms which means of transport are used for travel:

Passenger car: Airplane: Train: Other:

Terms and conditions of WBC World Business Travel Insurance:

Colonnade Insurance S. A. Branch Office in Hungary
Group Business Travel Insurance 001-2025

Place, date: _____, ____ (yy) __ (mm) __ (dd)

Policyholder's signature

DECLARATION

**(in respect to Act of 2014 LXXXVIII about the prior notification,
data provided in the insurance quote and approach by other insurers)**

We, the undersigned representative of the Policyholder/Insured/Coinsured hereby declare that we received detailed written information about conditions of the insurance and main data of the Insurer, we received, read, understood and accepted the relevant data, insurance contractual terms and conditions and the insurance product information document prior to the acceptance of the insurance quote.

We declare and by our signature take the responsibility that statements and information provided in the present insurance quote are true.

We accept that the insurance policy based on the information that we provided. We understand that in case of any claim, the statements and data included by us will be examined by the insurer during the claim adjustment process.

From the inception date declared in the insurance quote I hereby consent to that Insurer may approach other insurers and may provide information to other insurers – to protect the risk pool – to fulfil legal and contractual obligations and to prevent misuse of insurance contracts based on the Act of 2014 LXXXVIII 149. §. Also the Insurer is obliged to provide data to other insurers as defined in the relevant regulatory acts.

(Please write „X” in the relevant bracket)

YES

☐

NO

☐

Place, date: _____, ____ (yy) __ (mm) __ (dd)

Signature of the Policyholder/Insured/Coinsured

DECLARATION

1. Russia/Belarus Ownership or control

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

2. Russia/Belarus 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.

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 markets directly.

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

Place, date: _____, ____ (yy) __ (mm) __ (dd)

Signature of the Policyholder/Insured/Coinsured

AMENDMENT CLAUSE

(Group accident, health and travel insurance)

1. Amendment of the Insurance contract

Colonnade Insurance S.A. Branch Office in Hungary (headquarter: HU-1134 Budapest, Váci út 23-27.; hereinafter as: Insurer) is eligible to update the insurance contract according to the changes in the circumstances which serve as a basis for the calculation of the insurance premium yearly, with effect from the anniversary of the insurance contract.

2. Mechanism for amending the Insurance premium

The average of the price indices of the main groups of consumption published by the Hungarian Central Statistical Office and the index numbers of the medical expenses serve as a basis for amending the insurance premium.

3. Acceptance of the amendment, its legal consequences and effect on the fulfillment of the insurance policy by the Insurer

The Insurer notifies the Policyholder about the amended insurance premium in writing no later than 60 days prior to the anniversary of the Insurance.

In case the Policyholder accepts the updated conditions of the Insurance, no further actions are necessary. The Insurer sends the amended policy to the Policyholder, according to which the insurance contract is renewed with the updated insurance premium on the anniversary.

In case the Policyholder does not wish to accept the amendment, the Policyholder shall notify the Insurer in writing no later than 45 days prior to the anniversary. In this instance, the insurance shall be renewed with unchanged insurance premium on the anniversary.

Attention! In case the Policyholder does not notify the Insurer about the refusal of the amendment within the deadline specified above, the amended insurance premium is considered to be accepted.

In case of new contracts, amendment is carried out by the Insurer on the first anniversary following the conclusion of the insurance contract. In case of existing contracts, amendment is carried out by the Insurer on the first anniversary following the acceptance of present Amendment clause.

With regard to the clause according to this point, the Insurance terms differ from the relevant sections of the Hungarian Civil Code.

4. Others

In case the Policyholder wishes to update the insurance contract in a different way compared to the Amendment clause provided by the Insurer, the Policyholder may initiate the amendment of the Insurance contract regardless of the anniversary of the insurance.

Colonnade Insurance S.A. Branch Office in Hungary

INDAH-001-2022 Valid from: 1 November 2022

DECLARATION

Clause number: INDAH-001-2022

Contracting party:

Policy number:

Anniversary:

The undersigned, as the authorized representative of the Policy Holder/Insured, hereby declare that:

I have read and understood the Indexing Clause/Update Clause sent by the Insurer and accept it(them) as valid from the anniversary of the Insurance Policy

Date:

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Policy Holder/Insured

INDAH-001-2022 Valid from: 1 November 2022