

BTA: GROUP BUSINESS TRAVEL ACCIDENT INSURANCE APPLICATION FORM

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

Business activity abroad	Please select with X
White collar	
Blue collar (please provide details)	

Number of travel days requested:				
Typical travel destinations:				
Average duration of trips:				
Insurance package required:	Economy <input type="checkbox"/>	Business <input type="checkbox"/>	Business Extra <input type="checkbox"/>	First Class <input type="checkbox"/>
	ECO Friendly Economy <input type="checkbox"/>	ECO Frinedly Business <input type="checkbox"/>	ECO Friendly Business Extra <input type="checkbox"/>	ECO Friendly First Class <input type="checkbox"/>
Car Assistance:	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Age of the car:	under 10 years <input type="checkbox"/>		over 10 years <input type="checkbox"/>	
Start 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

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/Co-insured

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.