

Die Sport Assekuranz®
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Proposal form for high level athletes

Applicant (if other than insured):

Name/firm: _____

Address: _____

Phone: _____ Fax.: _____ Email: _____

Insured:

Surname _____ First Name _____

Adresse: _____

Date and Place of Birth _____ Sport Discipline _____

Married Divorced Widow Single No. dependant Children _____

Beneficiary in event of Death _____

Income per Year in € _____

Inception date _____ End of date _____ Annual Premium inclusive of tax _____

Cover

A. Accidental death / Death € _____

B. Total Temporary Disablement € _____ per day from the _____. day

C. Permanent Total Disablement – **only in combination with A!** € _____

Does the insured currently have one or more contracts of the same type? Yes No

If yes, state: with which company/Companies? _____

Cover in the event of:

A. Accidental Death / Death € _____

B. Total Temporary Disablement € _____ per day from the _____. day

C. Permanent Total Disablement € _____

D. Health Insurance € _____

The Proposal Form and the Medical Questionnaire are used as a basis for drawing up the contract and any non-disclosure, omission, false or incorrect information supplied with the intent to influence the insurer opinion of the risk, will result in the insured forfeiting his/her rights.

Date: _____

Signature of Applicant: _____

