

## Application Form

Part 1/2

The form is to be completed by the company.  
For insurance to be taken out requires both application form (Part 1), and supplementary Registration Form (part 2).  
Health declaration must be completed by all to be included in the insurance and sent to the Europeiska ERV.

### 1. COMPANY/ORGANISATION

Have you signed a corporate travel insurance contract with Europeiska ERV?			
<input type="checkbox"/> Yes, insurance number		<input type="checkbox"/> No	
Company/Organisation		Corporate identity no.	
Postal address		Telephone no.	
Postal code	Town/City	Country	
Contact (company)		Telephone no.	Fax no.
E-mail			

### 2. SCOPE OF INSURANCE (AMOUNT IN SEK)

#### B MEDICAL EXPENSES INSURANCE - COMPULSORY

For information regarding scope of insurance - please see insurance summary

Scope of insurance		
<input type="checkbox"/> Basic	<input type="checkbox"/> Extended	<input type="checkbox"/> Premium
Does the collective agreement "Agreement on social security for salaried employees on secondment abroad" negotiated between the Confederation of Swedish Enterprise and PTK apply for the company?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

#### OPTIONS

C. CONTINUATION COVER (valid in the country of stationing and within EU. Not valid in USA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. TRAVEL HOME IN AN EMERGENCY SITUATION/REPLACEMENTS TRAVEL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. DENTAL TREATMENT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. PREVENTIVE HEALTH CARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G. WELL CHILD CARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
H. DISABILITY AND DEATH COVER (specify amount death/disability)		
<input type="checkbox"/> No		
<input type="checkbox"/> SEK 100 000 / 300 000	<input type="checkbox"/> SEK 300 000 / 300 000	<input type="checkbox"/> SEK 400 000 / 400 000
<input type="checkbox"/> SEK 600 000 / 600 000		
If other amounts are required, please contact ERV.		
I. PERSONAL LIABILITY COVERAGE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
J. LEGAL COVER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
K. PERSONAL ASSAULT COVER IN CONNECTION WITH PERSONAL INJURY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
L. COMPENSATION FOR KIDNAPPING	<input type="checkbox"/> Yes	<input type="checkbox"/> No
M. SECURITY PACKAGE		
N. PROPERTY INSURANCE		
<input type="checkbox"/> No		
<input type="checkbox"/> SEK 100 000	<input type="checkbox"/> _____	
(maximum SEK 1 000 000/household)		
O. TRAVEL COVER WITH PRIVATE CANCELLATION COVER	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q. DEATH COVER DUE TO ILLNESS AND INFECTION		
Compensation of SEK 400 000 in case of death due to illness or disease during the stationing abroad		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

### 3. INSURANCE VALIDITY PERIOD

Commencement date (year/month/day) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the insurance policy is not cancelled prior to the renewal date, the insurance will be renewed annually.

### 4. NOTIFICATION TO ERV

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### 5. SIGNATURE EMPLOYER /GROUP REPRESENTATIVE

Date	Signature
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### 7. TO BE FILLED IN BY INSURANCE BROKER, IF ANY.

Agent no./Signatory	
City	Date
Signature	Name in block capitals

Broker certificate must be enclosed in the application

All personal data is handled according to the Personal Data Act. Europeiska ERV processes personal data for administrative purpose and to provide service to our customers.

The information submitted on this application constitutes the basis of Europeiska ERV's risk assessment and premium calculation. Any incorrect or incomplete information causing Europeiska ERV to grant insurance coverage on incorrect basis may lead to limitations in the validity and scope of the insurance.

Europeiska ERV reserves the right to terminate insurance contracts if this is required due to law or regulation or if the insured persons change assignment or place och stationing.

Send the application, together with Registration Form, to Europeiska ERV.

Europeiska ERV  
Torshamnsgatan 35  
164 40 Kista

corporate@erv.se  
0770-457 970

#### EUROPEISKA ERV

<b>Mail address</b> Torshamnsgatan 35 164 40 Kista	<b>Telephone</b> +46-(0)770-456 900	<b>Bankgiro</b> 912-9107	<b>Postal giro</b> 1 34-7	<b>Corp.id No.</b> 516410-9208
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