

Clients name and address:

	Person 1	Person 2	Person 3	Person 4
10.1 family name				
10.2 name				
10.3 function				
10.4 Type of training/education degree				
10.5 Year of final exam:				
10.6 Further qualifications:				
10.7 Acquired in (Year):				
10.8 In business since: (year) (employed or self-employed)				
10.9 Member of chamber? IC or AC?	<input type="checkbox"/> no <input type="checkbox"/> IC <input type="checkbox"/> AC	<input type="checkbox"/> no <input type="checkbox"/> IC <input type="checkbox"/> AC	<input type="checkbox"/> no <input type="checkbox"/> IC <input type="checkbox"/> AC	<input type="checkbox"/> no <input type="checkbox"/> IC <input type="checkbox"/> AC
10.10 Other chamber?				
10.11 Member number?:				
11. Have you been insured in the past?				
professional liability insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
11.1 Since (year)?				
11.2 Insurance Company (names):				
11.3 Contract number (policy nr).				
11.4 Cancellation through	<input type="checkbox"/> insurant/client <input type="checkbox"/> insurer	<input type="checkbox"/> insurant/client <input type="checkbox"/> insurer	<input type="checkbox"/> insurant/client <input type="checkbox"/> insurer	<input type="checkbox"/> insurant/client <input type="checkbox"/> insurer
11.5 Date of cancellation?				
12. (past) claims:				
12.1	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
12.2 Registered sum of claims:				
12.3 Sum of benefit €:				
12.4 Risk provisioning €:				
12.5 Date of damages?				
12.6 Before this questionnaire was handed out, had you or your employee(s) noticed any violation(s) in business during the previous year, that could lead to a casualty or survey? (The assumption is sufficient!) (Only the assumption of a claim justifies the indication).				
	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

The client confirms particularly answering all questions in a truthful way. If the insurer notices false information/details, the insurer will be entitled to raise surplus conditions!

Location, date

Signature client and (official) stamp

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