

Proprietor (name/first name) _____ Birthday _____
 Company _____ Phone number _____
 Street _____ Fax number _____
 Postal code/place/country: _____ E-mail _____
 Member in association _____ single member () school member ()
(Name and number)

HAZARD QUESTIONS FOR INDEMNITY INSURANCE

Please mention afterwards any existing risk, activity and legal relationship. If no information is given, we assume that the risk does not exist or that the activity or legal relationship is not given.

Place(s) or training site(s) _____
 (Country/town/address/if necessary beach)

Offered activities _____
 (for example sailing, motor boat, water ski, surfing, kite surfing, canoe/pedal boat rental etc.)

Number of students per year (altogether) _____

Number of active staff:

Freelance staff / temporary personnel a) full time _____ b) part time _____

Employed staff / active owner / temporary personnel a) full time _____ b) part time _____

1. Aquatic sports school / rental

Number of sailing boats/catamaran up to 30 sqm sail area _____

Number of sailing boats/catamaran up to 60 sqm sail area _____

Number of sailing boats/catamaran up to 120 sqm sail area _____

Number of sailing boats/catamaran with more than 120 sqm sail area _____

Number of motor boats up to 30 HP _____

Number of motor boats up to 70 HP _____

Number of motor boats up to 120 HP _____

Number of motor boats with more than 120 HP _____

Number of sports boat-trailers (not liable to registration) _____

Number of rowboats/pedal boats/canoes/kayaks _____

Number of sailboards/kite sailboards/SUP _____

Other: _____

Execution of parasailing/waterski-/banana boat-/tube haulage excursions no () yes ()

Execution of kite training courses/kite rental no () yes ()

I am also interested in:

(please mark with a cross and fill in)

- Health insurance**
- o Expatriates: foreign country plus home country
 - o Travelling: foreign country journeys up to _____
(legal health insurance in Germany to be maintained)
 - o Home country: (Germany) – comparison of private full costs health insurance
- Accident insurance**
(please indicate for any person: name / date of birth / actual profession / actual employer)
- Quotation for annuity insurance**
Monthly contribution: _____ Retirement beginning at the age of _____.
Alternatively: capital / fund investment _____
- Quotation for temporary life assurance**
Duration _____ sum insured in case of death _____ smoker yes () no ()
- Indemnity insurance for** _____
- School comprehensive insurance for** _____
- Boat comprehensive insurance for** _____
- Tour operator indemnity insurance/ fidelity bond – security certificates**
- Motorcar insurance**
- Private property insurance (for furniture, sports equipment, luggage, bike)**
- Private indemnity insurance**
- Defence and recover insurance**
- Other** _____

Please send your documents by fax to the following number 0049-(0)751-560 36 25

or by e-mail addressed to: info@suedwestring.de

or by mail addressed to: SüdwestRing Versicherungsmakler GmbH, Abt-Hyller-Str. 4, D - 88250 Weingarten, Germany

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name	first name	date of birth
.....		
street		number
.....		
postal code	place	profession
.....		
telephone	fax	e-mail