

# ***Expatriation Policy for Foreign Professionals in The Netherlands***

## *Application*

*Information for the expat*

### **Who we are...**

*Geert Bouwmeester was only 22 years old when in 1924 he started his own company. A small space was converted into an office. The first policies were distributed by bike, a traditional Dutch mode of transport. Since then our company has gone through exponential growth and therefore a lot has changed. Despite our present size we are still an independent family business that has kept its entrepreneurial spirit.*

### **Insurances for entrepreneurs**

*Our focus is on supplying insurance solutions for entrepreneurs. Men and women who work hard at achieving success for their companies, who seek security and convenience. And who are looking for good and practical insurance solutions for each phase of their entrepreneurship.*

### **Independent advisors**

*Our society is becoming more and more complex. Both individuals and entrepreneurs have the need for advice given by third parties who know their specific requirements and can advise them accordingly. Therefore, we work closely with independent brokers, who like no other are capable of providing the right customized solution.*

# Policy for Foreign Professionals in The Netherlands

## Application

Taking out the Expat Policy for Foreign Professionals in The Netherlands is subject to conditional acceptance (this applies to all sections). All applicants must reside at the same address in The Netherlands.

The insurance can be taken out by the employer of the candidate stated first by the candidate stated first himself. The applicant stated first must be at least 18 years old.

You are obliged to take out a minimum of two insurances.

### 1. Applicant/policy holder

Insured is policy holder

First name | Last name

#### Address in the Netherlands

Street | Housenumber

Postal code | Town

Telephone | Email

Profession | In service since (d-m-y)

Name of employer | Established at

Type of business

Employer of insured is policy holder

Company name

Correspondence address

Postal code | Town

Type of business

Trade registration number

#### Contact person

First name | Last name

Telephone | Email

### 2. Persons to be insured

Name and first name(s)	Nationality	Date of birth (d-m-y)
1	<input type="checkbox"/> Male <input type="checkbox"/> Female	
2	<input type="checkbox"/> Male <input type="checkbox"/> Female	
3	<input type="checkbox"/> Male <input type="checkbox"/> Female	
4	<input type="checkbox"/> Male <input type="checkbox"/> Female	
5	<input type="checkbox"/> Male <input type="checkbox"/> Female	
6	<input type="checkbox"/> Male <input type="checkbox"/> Female	

### 3. Insurance

Desired effective date (d-m-y)

Expected duration of stay

#### Address of the insured in the home country

Street and housenumber

Postal code

Town

Country

### 4. Cover

Gouda Service Package

Personal Liability

Recovery assistance

Household Contents

#### House/apartment

Same address as policy holder address

Street

Housenumber

Postal code

Town

Number of rooms (bedrooms, study rooms)

Type of construction of the building

Brick/concrete with tiled roof

Other

Adjoining buildings

Detached

In row

Apartments

The insured person is

Owner

Tenant

Amount households contents to be insured

€

Glass insurance (additional)

#### Security measures

Is there a burglar alarm in the house/apartment?

Yes

No

Continuous Travel

Please state the policy number and company of your health insurance in The Netherlands or in your country of origin.

Health insurance

Cancellation cover of € 2.500,- per person (max. € 8.750,- per Policy schedule pen holiday)

Personal Accident

To whom are benefits to be paid in the event of death?

Legal beneficiaries

Spouse

Other, namely

Date of birth (d-m-y)

Legal Assistance

### 5. Payment of premium

Payment

Per  Year

Half year

Quarter

Month

To  Insurance advisor

Goudse Schadeverzekeringen N.V.  
Bouwmeesterplein 1, 2801 BX GOUDA (NL)  
Incassant-ID: NL73ZZZ290124040000

Via  Direct debit\*

Invoice per emailaddress

Account number (IBAN)

Account holder

\* Permission for direct debit (pto)

- If you have chosen to pay the premium to your insurance advisor then he will make the financial arrangements.
- If you have chosen to pay the premium directly to De Goudse Schadeverzekeringen N.V. then you give us permission to send debit requests to your bank. And you give us permission to debit the amounts on the basis we have agreed. We will inform you five days prior to the first debit. If you do not agree with a debit then you can reverse the bank transfer. You should contact your bank within 8 weeks of the transaction date if you wish to do so. Ask your bank for further details regarding the procedure.

### Signature premium payer

If the premium is not paid by the policy holder but by someone else we need a copy of the debit card of the account holder. We also need the following information of the account holder: name, date of birth, street and number, postal code and town.

## 6. Final questions

If this insurance is taken out by a (commercial) partnership or a legal entity, the final questions also apply to:

- the members of the partnership;
- the (limited) partners of the commercial partnership;
- the (managing) director(s) under the articles of association of the legal entity;
- the shareholder(s) with an interest of 33.3% or higher and - insofar as these are a legal entity - their (managing) director(s) under the articles of association and shareholders with an interest of 33% or higher.

### Criminal facts

Have you, or another interested party to this insurance you are now applying for, been in trouble with the police or law during the past eight years, as a suspect or upon implementation of an imposed (punitive) measure?

No  Yes

If so, please state what the punishable offence was (summary offences are also regarded as a punishable offence), whether the case went to court, what the result thereof was and if any (punitive) measures have already been implemented.

If the matter did not go to court, please indicate whether a settlement was reached with the Public Prosecution Service and if so, on which conditions the settlement was secured.

If you so wish, you can send this information to our management in confidence.

*Note: when answering this question, not only the personal knowledge of the applicant/policyholder is decisive, but also that of other interested parties.*

### Details similar insurance(s)

Has a company ever refused to accept you for an insurance, cancelled an insurance or accepted you for an insurance but only under special conditions of with an increased premium? Or has this ever happened to any other interested party to the insurance(s) you are now applying for?

No  Yes, reason

Date (d-m-y)	Company	Policy number

Is a similar insurance concluded with another company at present? *(please state details of your medical and other insurances if applicable)*

No  Yes, per (d-m-y)

Company	Policy number

Have you ever suffered damage before, apart from medical expenses, as a result of events as covered in the insurance(s) now applied for or similar ones?

No  Yes, per (d-m-y)

Company	Policy number

No  Yes, per (d-m-y)

Company	Policy number

No  Yes, per (d-m-y)

Company	Policy number

No  Yes, per (d-m-y)

Company	Policy number

## 7. Declaration and signature

### Important!

As an applicant/prospective policy holder you shall oblige to answer the questions on this application form to the best of your knowledge, you declare that you have taken note of the information and that you would like to obtain the insurance in accordance with this. The duty to supply information comprises everything that may be relevant for the assessment of the risk and person(s) applying. Questions to which you think De Goudse may already know the answer should also be fully answered. Facts and circumstances relevant to questions posed which arise after completion of this form but before De Goudse has made a final assessment regarding your application should also be disclosed. If there are other applicants apart from yourself that have reached the minimum age of 16 at the time of application then you should also disclose the same information as for yourself.

If after the inception of the policy it later comes to light that one or more of the questions has not been truthfully or correctly answered, then this may lead to an adjusted or no compensation. If your intention was to deliberately mislead us in order to gain insurance coverage and our decision would have been not to insure you based on those actual facts then we reserve the right to terminate the insurance with immediate effect. By making this application you agree to the contents and administering of the policy conditions. These are available for perusal at our office and can be requested prior to applying for insurance coverage. They will in all cases be sent after acceptance together with the policy schedule.

You agree to accept the insurance and pay the premium, assurance tax and costs.

The contracts term for this insurance is 1 year. The insurance may be cancelled at the end of this period after we have given 1 month prior written notice. After this period the insurance can be cancelled on a daily basis, after we have given one month prior written notice.

Where so required, based on the nature of the risk, De Goudse will be entitled, prior to acceptance of the application, to determine a deviating premium and/or to include other conditions or special provisions.

#### **What do we use personal data for?**

When you apply for an insurance, we ask for personal data. We use your data to conclude and execute the agreement. We also use them to comply with legal obligations, to prevent and combat fraud, to make (statistical) analyzes and for marketing activities.

#### **Do we also provide the information to others?**

Sometimes we also provide (some of) your data to other parties, such as reinsurers, your advisor, postal companies, automation companies and companies to which we have outsourced specific tasks. We only do this if this is necessary and we take measures to ensure the security of your data. Furthermore, we do not provide your information to others, unless we are obliged to do so. This may include, for example, the tax authorities, supervisors, the police or the judiciary.

#### **How long do we keep your data?**

If you have provided data for a quotation, we will keep those six months. Your data that we need to conclude and carry out an insurance contract will be retained for a maximum of seven years after ending the contract.

#### **Code of Conduct**

We handle personal data carefully and in line with de Gedragscode Verwerking Persoonsgegevens Financiële Instellingen. You can find the consumer brochure of the Code of Conduct on [www.goudse.nl](http://www.goudse.nl) if you enter 'Privacy statement' in the search window. De complete text can be read via the website of Verbond van Verzekeraars [www.verzekeraars.nl](http://www.verzekeraars.nl). You can also request this from the Verbond van verzekeraars, PO Box 93450, 2509 AL The Hague, telephone: (070) 333 85 00.

#### **Your rights**

You have the right to view, modify or delete your personal data. You also have the right to object to the processing of these data, to limit their processing and to transfer your personal data to another organization.

Do you want to use this right? Send a request to De Goudse for the attention of the Data Protection Officer, PO Box 9, 2800 MA Gouda or mail this to [gegevensbescherming@goudse.com](mailto:gegevensbescherming@goudse.com). Always send a copy of your identity card. Black out your photo and burgerservicenummer (BSN) in this copy to protect your privacy. The data protection officer responds as quickly as possible to your request, at least within four weeks. Do you think that we do not comply with privacy legislation properly? Then you can contact the Dutch Data Protection Authority ([autoriteitpersoonsgegevens.nl](http://autoriteitpersoonsgegevens.nl)).

#### **Fraud**

Fraud is trying to obtain compensation or coverage under the insurance under false pretences, where there would in reality be no coverage.

#### **Consequences of Fraud**

Complete or partial fraud can lead to withdrawal of payment and coverage which may additionally lead to:

- reporting of the incident to the police or local authorities;
- termination of the insurance agreement;
- registration in the insurers fraud system(s);
- reclamation of previously made payments to you for compensation or costs associated with this in order to determine coverage or damage.

#### **What can you do if you have a complaint?**

Dutch law applies. Complaints regarding the implementation of the insurance agreement can be sent to de Klachtencommissie De Goudse, Postbus 9, 2800 MA Gouda. If the handling or judgement of your complaint is not carried out to your satisfaction you may then refer this to the Stichting Klachteninstituut Financiële Dienstverlening (KifID - Dutch Ombudsman), Postbus 93257, 2509 AG Den Haag, telephone 0900-3552248. For more information take a look on [www.kifid.nl](http://www.kifid.nl).

Goudse Schadeverzekeringen N.V. is registered with the Autoriteit Financiële Markten (AFM) (Netherlands Authority for the Financial Markets). De Goudse is a provider of insurance. De Goudse is based in Gouda at Bouwmeesterplein 1 (Postbus 9, 2800 MA Gouda).

De Goudse personnel do not provide consultation on our own insurance and financial products. De Goudse collaborates closely with insurance agencies and other professional consultants.

Date (d-m-y)

Town

Signature of principal policy holder

#### **Apply without manual signature**

With this application you declare that you:

- want to take out the insurance from De Goudse
- have answered all questions truthfully and correct.

I agree

De Goudse Insurance, P.O. Box 9, 2800 MA Gouda, The Netherlands. Telephone +31 (0) 182 544 916, e-mail [expat@goudse.com](mailto:expat@goudse.com).