

MEMBERSHIP APPLICATION FORM - INDIVIDUAL ACCIDENT INSURANCE EXECUTIVE

POLICY HOLDER DETAILS

Name: _____ ID Number: _____

Address: _____

INSURANCE INCEPTION DATE: ___/___/_____

INSURED DETAILS

Surnames: _____

Name: _____ Date of Birth: ___/___/_____ ID Num...: _____

Address: _____ P.C...: _____

City: _____ Province: _____

Tel.: _____ Email: _____

Profession: _____ Specialty: _____

Account Number: ES _ _ / _ _ _ _ / _ _ _ _ / _ _ / _ _ _ _ _ _ _ _ _ _

Beneficiaries: In case of death, the beneficiaries will be designated by the insured. If there is no express designation, beneficiaries in case of death are as follows, in order of priority:

- 1st Spouse or domestic partner (legally recognized by the insured)
- 2nd Children of insured.
- 3rd Parents of insured
- 4th Legal heirs of the insured.

Designation of beneficiaries: _____

COVERAGE AND CAPITAL

1	Accidental Death	90.000,00 €
2	Permanent invalidity for any job by accident	90.000,00 €
3	Severe invalidity by accident	120.000,00 €
4	Funeral expenses due to an accidental death	2.000,00 €
Total annual Premium (incl. Tax): 75 €		

Have you been or are affected by / a stroke, epilepsy, diabetes, paralysis, mental illness, delirium tremens, alcoholism, drug addiction or other serious and / or permanent illness? (YES/NO)_____

If the answer is yes, please provide details (date of diagnosis, treatment, type, consequences, etc.):

Do you carry out any secondary activities other than the profession declared above? (YES/NO)?_____

If the answer is yes, please provide details:

In _____ on _____ of _____

Important note: No application will be processed if this form is not fully completed and signed. The applicant claims to have been informed of all conditions of the contract.

Signed: Broker

Signed: Holder

PROTECTION CLAUSE PERSONAL DATA

Interested parties are informed that Markel International Spain, will include personal data, and all subsequent data that are related to the fulfilment of the insurance contract in a data file which is responsible Markel International Spain. The goal of treatment is the fulfilment of obligations relating to the insurance contract as well as the possible transmission by Markel International Spain, about their products and services. The insured / policyholder expressly authorizes that their details can be transferred to other entities for reasons of coinsurance, reinsurance, transfer or portfolio management or fraud prevention. The insured / policyholder is entitled to enforce at all times the rights of access, rectification, cancellation or opposition of this information, by notifying Markel International Spain, Plaza Pablo Ruiz Picasso 1, floor 35, Ed. Torre Picasso, Madrid 28020, in accordance with the provisions of Law 15/1999, Protection of Personal Data.

In the event that the policyholder or insured Markel International Spain provides information concerning the insured or injured, the Policyholder or the Insured state that all such data communicated to the Insurer have been provided by them; and that they have given their express consent for their data to be communicated by the Policyholder or the Insured to the Insurer in order to be able to fulfil the insurance contract.