

MEMBERSHIP APPLICATION FORM INDIVIDUAL ACCIDENT INSURANCE PREMIUM

POLICY HOLDER DETAILS

Name: _____ ID. Number: _____

Address: _____

INSURANCE INCEPTION DATE: ___/___/_____

INSURED DETAILS

Surnames: _____

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

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 recognised by the insured)
- 2nd Children of the insured.
- 3rd Parents of the insured.
- 4th Legal heirs of the insured.

Designation of beneficiaries: _____

COVERAGE AND CAPITAL

1	Accidental Death	200.000,00 €
2	Permanent invalidity for any job by accident	200.000,00 €
3	Severe invalidity by accident	300.000,00 €
4	Death of both spouses in the same Accident	300.000,00 €
5	Permanent invalidity for any job of both spouses in the same Accident	300.000,00 €
6	Funeral expenses due to accidental death	3.000,00 €
7	House refurbishments in case of Permanent invalidity or severe invalidity	3.000,00 €
Total annual premium (Incl. tax 180 €)		

Have you been or are affected / 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 perform any other secondary activity other than the Occupation declared (YES / NO)?

If the answer is yes, please specify:

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 for which Markel International Spain is responsible. 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 data 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 fulfill the insurance contract.