

ASIGURAREA DE RASPUNDERE CIVILA GENERALA A PERSOANELOR FIZICE

CERERE – CHESTIONAR

I. Date generale/ General information

1. **Asigurat** (nume, prenume)/Insured (name and surmane).....
 Adresa domiciliu/resedinta/Address:.....
 C.N.P./ PIN:..... Locul nasterii/ Place of birth:..... Nationalitate/ Nationality:.....
 Tel./Fax/ Phone/ Fax: E-mail:.....

2. **Contractant** (nume, prenume/denumire)/ Information about the applicant (name, forename):.....
 Adresa/Sediul social/ Legal office/ head office adress/ Registered office:
 C.N.P./C.U.I./ PIN/ Fiscal code:
 Nr. inreg. Reg. Comertului/ Trade register no/ Certificate of registration issued by The Commerce Register No:.....
 Reprezentat de/ Represented by:....., in calitate de/ as:.....
 Tel./Fax/ Phone/Fax: E-mail:..... Web:.....

II. Detalii despre Asiguratul – persoana fizica/ Information about the insured-individual person

- a) Ocupatia / profesia (schimbari anticipate)/ occupation / profession(anticipated changes)
 b) Numele, adresa si tipul de activitate al angajatorului/ Name, adress and type of employer activity:
 c) Cladiri/ alte constructii/ Buildings/ other construction
- Locuinta/ House

Adresa/ Adress	Forma de detinere Type of property	Tip Type	Starea de intretinere Maintenance status	Tipul zonei Area type
	<input type="checkbox"/> proprietate/ property <input type="checkbox"/> inchiriere/ rented property <input type="checkbox"/> altele/ other:	<input type="checkbox"/> apartament in bloc/ block apartment <input type="checkbox"/> vila/casa/ villa, house <input type="checkbox"/> altele/ other:	<input type="checkbox"/> foarte buna/ very good <input type="checkbox"/> buna/ good <input type="checkbox"/> satisfacatoare/ acceptable/adequate/ satisfactory	<input type="checkbox"/> zona locuita/ occupied area/zone <input type="checkbox"/> zona putin locuita/ less occupied area/zone <input type="checkbox"/> zona nelocuita/ uninhabited area/zone <input type="checkbox"/> altele/ other:

- Alte proprietati (inclusiv terenuri)/ Other properties:

Adresa/ Adress	Tip/ Type
1.	
2.	

- d) Persoane si animale pentru care raspundeti in baza legii/ Persons and animals for whom you legally respond

	Nr. total Total no.
<input type="checkbox"/> copii minori/ underage children	
<input type="checkbox"/> bona (ingrijitoare copil) / nanny	
<input type="checkbox"/> menajera / housekeeper	
<input type="checkbox"/> sofer / driver	
<input type="checkbox"/> gradinar / gardener	
<input type="checkbox"/> alte persoane care presteaza diverse activitati pentru asigurat/other persons who work for Insured without employment status	
<input type="checkbox"/> animale de companie, aflate in paza juridica a Asiguratului (precizati rasa)/ pets, legally belonging to the Insured (specify breed)	
<input type="checkbox"/> pisici./cats: <input type="checkbox"/> caini/ dogs:	

- e) Enumerati si alte persoane pe care doriti sa le cuprindeti in asigurare – Asigurati aditionali (sot/sotie, parinti, alte persoane care locuiesc si gospodaresc in mod statornic cu Dvs.).

Other people that you want to include in the coverage –Additional insured (husband / wife, parents, persons who live together with the Insured)

Nume/prenume/ Name, surname	Varsta (ani) Age(years)	In calitate de (sot, sotie, parinte, ruda, etc.) As (spouse, parent, relative, etc.)

Daca spatiul este insuficient se anexeaza lista/ If space is insufficient, attach a list.

III. Acoperiri suplimentare incluse in asigurare/ Additional coverage:

- Raspunderea civila decurgand din utilizarea bicicletei, skateboard-ului, rolor, patinelor, trotinetelor, waveboard-ului si altele asemenea echipamente/ liability arising from cycling, skateboarding, roller, skates, waveboard.
- Raspunderea civila in legatura cu animalele de companie/ liability arising from pets legally belonging to the Insured
- Raspunderea civila a chirasului fata de proprietar/ tenants liability insurance
- Raspunderea civila a proprietarului fata de chiras/ owner liability insurance

IV. Informatii despre asigurari anterioare si daune/ Information about previous insurances and damages

1. Ati avut anterior o asigurare de raspundere civila/ Have you previously been insured for liability? da yes nu no
Daca "Da", precizati/ If Yes, give details::

	Tipul asigurarii Type of insurance	Asiguratorul Insurer	Perioada asigurata Insurance period	Limita raspunderii pe perioada asigurata Limit of indemnity in aggregate	Limita raspunderii pe eveniment Limit of indemnity per one event
1					
2					
3					

A existat un Asigurator care a anulat sau refuzat reinnoirea contractului de asigurare?
Was it any Insurer that cancelled an insurance policy concluded with you or that refused conclusion of a policy?
Daca „Da”, precizati informatii detaliate/ If yes, please specify: da yes nu no

2. Ati avut Cereri de despagubire in legatura cu activitatea Dvs. in ultimii 5 (cinci) ani?
Have you had any claims about your activity in the last 5 (five) years?
Daca "Da", precizati detalii (cauze, cuantum despagubiri solicitate, mod solutionare):
If yes, specify details (the reasons, the paid sums, solving way) da yes nu no

3. Ati platit despagubiri in ultimii 5 (cinci) ani/ Have you paid any indemnities in the last 5 (five) years? da yes nu no

Anul Year	Despagubiri platite Paid indemnities	Despagubiri in asteptare Indemnities in pending	Asiguratorul care a suportat despagubire (dupa caz) Insurer ho paid the indemnities

4. Cunoasteti circumstante care pot determina reclamatii/plangeri impotriva Dvs.?
Do you know any circumstances that could cause any claims against you?
Daca "Da", detaliiati (cauza, posibile despagubiri solicitate)/ If yes, specify (cause, required indemnities): da yes nu no

V. Informatii referitoare la asigurarea solicitata/ information about requested insurance

1. Moneda contractului de asigurare/The currency of the policy: LEI EUR USD.

2. Limitele raspunderii/ Liability limits:

	Raspundere civila generala General third party liability
• pe perioada asigurata (LRagr): Limit of indemnity in aggregate:	
• pe fiecare eveniment (LRev): Limit of indemnity per one event:	
Sublimite (din LRev): Sub-limits (from Limit of indemnity per one event) :	
- vatamari corporale: - bodily injury	
- pagube materiale: - property damages	

3. Perioada asigurata/ Insurance period: de la/ from:/ / pana la/ untill:/ /

4. Fransiza deductibila/ Deductible: % din dauna/ % per damage, min.

5. Acoperire teritoriala/ Territorial cover: <input type="checkbox"/> Romania; <input type="checkbox"/> Alte tari, precizati/ Other Country/Countries (give details):	
6. Modalitatea de plata a primei de asigurare: <input type="checkbox"/> integral (1 rata); <input type="checkbox"/> semestrial; <input type="checkbox"/> trimestrial. Payment of insurance premium: <input type="checkbox"/> integral (1 rate); <input type="checkbox"/> half-yearly; <input type="checkbox"/> quarterly.	
7. Aveti, in prezent, asigurari incheiate cu alte societati de asigurare pentru acoperirea acelorasi riscuri?/It has currently signed insurance with other insurance company to cover the same risks? <input type="checkbox"/> Da/Yes <input type="checkbox"/> Nu/No Raspunderi asigurate/Liability insurance: Numele Asiguratorului/Insurer name: Perioada asigurata/ Insurance period: Limita de raspundere pe perioada asigurata (LRagr)/ Limit of indemnity in aggregate: Limita de raspundere pe fiecare eveniment (LRev)/ Limit of indemnity per one event:	
Se completeaza in cazul Asiguratului - persoana fizica/ Individual insured person: Locul nasterii, BI/CI seria, nr, emis de la data / .../, Cetatenia, Nationalitatea, <input type="checkbox"/> Rezident / <input type="checkbox"/> Nerezident, Ocupatia:, Angajator ori natura activitatii proprii Numele beneficiarului real, daca e cazul Persoana expusa politic <input type="checkbox"/> Nu; <input type="checkbox"/> Da. Place of birth....., ID card no.....,series....., issued by on the date / .../ Citizenship, Nationality, <input type="checkbox"/> Resident / <input type="checkbox"/> Not resident, Beneficiary..... Politically exposed person <input type="checkbox"/> No; <input type="checkbox"/> Yes.	
<p><i>Subsemnatul declar ca datele incluse in aceasta Cerere-chestionar sunt reale si in conformitate cu documentele si informatiile de care dispun, fiind de acord sa stea la baza si sa fie parte integranta a Contractului de asigurare, in cazul in care acesta se va emite. Orice informatie declarata eronat sau incomplet in Cererea-chestionar atrage posibilitatea anularii dreptului la despagubire.</i></p> <p><i>Declar ca nu ma aflu sub incidenta niciunei sanctiuni economice sau comerciale nationale si/sau internationale si nici nu am la cunostinta de nicio circumstanta care ar putea genera astfel de sanctiuni.</i></p> <p><i>Subsemnatul declar ca, in conformitate cu prevederile Legii nr. 677/2001, sunt de acord cu prelucrarea si stocarea datelor cu caracter personal de catre GOTHAER Asigurari Reasigurari S.A., inregistrata la Autoritatea Nationala de Supraveghere a Prelucrării Datelor cu Caracter Personal cu numarele 4198/2007 si 4200/2007, in scopul administrării contractelor de asigurare, activitatilor de marketing, statistice, studii de cercetare, actiuni de direct-mailing, altele. De asemenea, sunt de acord cu prelucrarea ulterioara incetării Contractului de asigurare a datelor mele personale de catre GOTHAER Asigurari Reasigurari S.A. in scopuri statistice si de arhivare. Am luat la cunostinta de faptul ca, in conformitate cu prevederile aceleiasi Legi, am drept de acces, de interventie asupra datelor si de opozitie si pot sa-mi exercit aceste drepturi adresandu-ma GOTHAER Asigurari Reasigurari S.A. Daca nu doriti sa primiti informatii despre produsele, serviciile si evenimentele etc. oferite, bifati NU [].</i></p> <p><i>I hereby declare that the statements in this proposal are true and according to all documents and all information supplied. I agree that this proposal shall form the basis of any contract of insurance effected thereon. Any incorrect or incomplete information declared in the proposal form may result in the cancellation of the right to indemnity.</i></p> <p><i>I declare that I am not subject to any economic or trade sanctions national and / or international and I am not aware of any circumstances that could give rise to such sanctions.</i></p> <p><i>I declare that in accordance with Law no. 677/2001 I agree with the processing and storage of personal data by GOTHAER Insurance and Reinsurance SA, registered at the National Supervisory Authority for Personal Data Processing with the numbers 4198/2007 and 4200/2007 with the purpose administration of the insurance contracts, marketing activities, statistical, research studies, direct mail actions and other.</i></p> <p><i>Also, I agree with the further processing of my personal data by GOTHAER Insurance and Reinsurance SA for statistical and archiving purposes, after the end of the insurance contract.</i></p> <p><i>I am aware that, in accordance with the same law, I have the right of access, intervention and the right of opposition regarding data and can exercise these rights by addressing GOTHAER Insurance and Reinsurance SA. If you do not wish to receive information about products, services and events etc. provided, mark NO [].</i></p>	
Data completarii/ Issuing date:/ /	
ASIGURAT / CONTRACTANT, INSURED/ APPLICANT,	
(Nume, prenume / Semnatura / Stampila)	