**QUESTIONNAIRE FOR LIABILITY INSURANCE**

**COMPANY INFORMATION**

|  |  |
| --- | --- |
| **Company name:** |  |
| **Registered office:** |  |
| **Company ID number:** |  |
| **Web:** |  |
| **Contact:** |  |

**INFORMATION ABOUT COMPANY ACTIVITY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of employees:** |  | **Number of operations:** |  |
| **Number of cooperating persons:** |  | **Annual wage turnover:** |  |
| **Previous year turnover:** |  | **Of which revenues from services and merchandise:** |  |
| **Anticipated subsequent turnover:** |  | **Of which revenues from services and merchandise:** |  |
| **List of countries where the company operates or supplies products:** |  | **Share in sales from turnover (%)** |  |
|  | **Share in sales from turnover (%)** |  |
|  | **Share in sales from turnover (%)** |  |
|  | **Share in sales from turnover (%)** |  |
|  | **Share in sales from turnover (%)** |  |
| **Description of insured activity:**  (indicate or attach a list by business license) |  | | |
| **Product description**  (specify if the product is a part of other product, if so, which one) |  | | |
| **List the main purchaser of goods and services:** |  | | |
|  | | |
|  | | |
|  | | |
|  | | |
| **Is the insured's product a part of** | motor vehicle airplane  vessel  rolling stock  cableway? | | |
| **Is the insured's product** | flammable  explosive  toxic  radioactive  made of asbestos or silicon? | | |

**INFORMATION ABOUT DAMAGE HISTORY:**

|  |  |
| --- | --- |
| **Have you caused any damage to third parties over the last five years**   **YES** (if so, please, explain below)  **NO** | |
| **Description of damage:** |  |
| **Cause of damage:** |  |
| **Scope of damage:** |  |

|  |  |
| --- | --- |
| **Description of damage:** |  |
| **Cause of damage:** |  |
| **Scope of damage:** |  |

**INFORMATION ABOUT THE CURRENT INSURANCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you currently have liability insurance**   **YES** (if so, please, describe below)  **NO** | | | |
| **Current insurer:** |  | | |
| **Sum assured:** |  | **Deductible:** |  |
| **Sublimit (recourse):** |  | **Deductible:** |  |
| **Sublimit (things taken over):** |  | **Deductible:** |  |
| **Sublimit (real estate occupied):** |  | **Deductible:** |  |
| **Annual premium:** |  | | |

**REQUIRED SCOPE OF INSURANCE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sum assured for liability insurance**, including defects of product and the exercise of ownership right (€) |  | **Deductible:** |  |
| **Sublimit (recourse):** |  | **Deductible:** |  |
| **Sublimit (employees' things):** |  | **Deductible:** |  |
| **Sublimit (things taken over):** |  | **Deductible:** |  |
| **Sublimit (real estate occupied):** |  | **Deductible:** |  |
| **Sublimit .................** |  | **Deductible:** |  |
| **Territorial scope** | Slovakia, Czech Republic, Hungary, Poland and Austria  Europe  World (excluding the USA and Canada)  World (including the USA and Canada) | | |

If the space in this questionnaire is insufficient, write your answers on a separate sheet of paper, which will be attached to the questionnaire.

**I hereby declare that the information included in this questionnaire is complete and true. I am also aware of the fact that if I take out an insurance policy, I am obliged to inform the insurer without undue delay of any changes in facts stated in this questionnaire. If an insurance policy is taken out, this questionnaire is an integral part of the insurance policy.**

Date \_\_\_\_\_\_\_\_\_\_ Name and surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_