

**APPLICATION / ORDER TO COVER FOR
COMPREHENSIVE AND INVENTORY INSURANCE FOR WATERSPORTS SCHOOLS AND
CLUBS**

Owner (Given name/surname):.....

Company:

Street:

Zip code / City / Country:.....

Tel / Fax:

Email / Web:

Address of risk / place of insurance:.....

1. ITEMS INSURED: as per attached "Checklist to calculate the sum insured"

Please cross if required:

Excluding burglary/theft

2. INSURANCE SUM - total: €

3. EXCESS/DEDUCTIBLE per claim: €

4. SFR gemäß Nachweis Vorversicherer:%

5. Premium:% Net sum €.....

+ Insurance tax 19 % €.....

Minimum premium €500 plus insurance tax **Payment due** €.....

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ORDER TO COVER

I/We hereby authorize SüdwestRing Versicherungsmakler GmbH (hereafter SWR) to procure insurance cover for me/us against the named risks.

I/We further authorize SWR to secure changes, resignations and transfers of cover of these insurance contracts under exemption from the limitations of Paragraph 181 BGB (German Civil Code) in addition to the procurement of cover. The premiums paid to SWR will be forwarded to the insurers whereby no costs will be incurred by me/us over and above the premium payment.

This agency contract is valid for one year and is automatically extended by a further year if it is not cancelled three months before its expiry. This authorization also applies to the obtaining of information on possible previous agreements and claims history with previous insurers.

<p>Insurance start: 12:00 noon</p> <p>Insurance expiry: 12:00 noon</p>	<p>The contract period is for 1 year with an automatic extension, except where resignation of the contract has been received by one of the parties at least 3 months prior to expiry of the insurance coverage</p>
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Is there already comprehensive or inventory insurance for the items and/or boats on which insurance is being requested? yes () no ()

Company _____ Premium no. _____
 (please provide name and address)

Losses incurred in the past 5 years? yes () no () Claim-free since

Number/Value of claims _____

Are there insurances elsewhere / locally placed insurances? yes () no ()
 for _____

Insurance sums / Insurers _____

Terms & Conditions:

The Specific Conditions for the Comprehensive Insurance of School Equipment of Watersport Schools (die Besonderen Bedingungen für die Kaskoversicherung von Schulausrüstungen von Wassersportschulen) form the basis of this contract. (Schulkasko Bedingungen 2007) – version dated 03/2007, the agreed clauses as well as the contractual and legal provisions. Only German shall law apply.

The legally binding information required for consumers is included in this application.

Incorrect responses to the questions on the “Checklist for the calculation of the sum insured “ and the “Sicherungs- and Lagebeschreibung“ in relation to hazards as well as fraudulent concealment and other risks and dangers can give the insurer the right to deny insurance coverage. A copy of the application will be issued to the applicant immediately on execution of the agreement. The applicant is bound by this agreement for four weeks.

Additional agreements or commitments that vary from the aforementioned contract content shall only be binding for the insurance company when they have been expressly confirmed by the company in writing.

Together with the insurance certificate, the applicant will receive the then current insurance terms and conditions, and information regarding the 14-day right to object to which particular attention is drawn.

The regulating authority that deals with complaints is the Federal Supervisory Office for the Insurance Industry, (Bundesaufsichtsamt für das Versicherungswesen) Graurheindorfer Str. 108, 53117 Bonn, Germany.

The sale of any of the insured items is to be communicated in writing to SWR within two weeks.

Data protection clause under the Federal Data Protection Law (Bundesdatenschutzgesetz - BDSG):
 I hereby consent that SWR as well as the respective insurer(s) communicate the appropriate data necessary arising from the application forms or the contract management (premiums, insurance claims, risk / contract changes), to the underwriters for the evaluation of risk and the processing of re-insurance as well as the evaluation of risk and claims of other insurers, and to the German Transport Insurance Association (Deutschen Transport-Versicherungs-Verband e.V.) for passing on this data to other insurers. This consent is valid, independently of whether a contract is agreed, for the appropriate checking of other contracts applied for and with future applications.

I further consent that the insurance company hold my general application, contract and performance data in shared data pools, and pass these on to SWR, as far as this is required for the proper handling of my insurance affairs. Without effect on the contract and revocable at any time, I consent that SWR may in addition use my general application, contract and performance data for consultancy and support for other financial services. This consent is only valid, if I was able to take note of the insurance terms and conditions from the content of the leaflet, that was given to me at the regulatory point in time for other user information (also immediately if so wished).

I/We hereby give the financial institute named below the revocable authorization, to pay SWR by direct debit. If my/our account does not hold the required sum, the custodian institute is under no obligation to pay.

Insurance premiums are to be taken by direct debit from the following **German checking account:**

Account no. if different	Name/address of account holder,
Bank code
Bank name, town	

.....
Date

Company stamp and applicant's signature

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