

Corporate accident insurance application

(please complete in UPPERCASE)



Policyholder	Company name		Registry code
	Address (street, building, city, rural municipality, county, postcode)		
	Telephone	E-mail	Fax
Contact person	First name and surname		Telephone
	Occupation		E-mail
1st group of insured persons The groups are formed on the basis of similar cover, gender, professions, type of work and hobbies <input type="checkbox"/> office work <input type="checkbox"/> physical work	Number of insured persons	Gender of insured persons <input type="checkbox"/> female <input type="checkbox"/> male	Coverage <input type="checkbox"/> full-time <input type="checkbox"/> part-time
	Death benefit	Permanent disability benefit	Compensation for treatment expenses
	Per diem allowance	Compensation for injury	
	Does the group of insured persons include the representatives of the following professions: guard, cash collector, police officer, member of a rescue squad, diver, miner, stuntman, long distance driver, professional athlete or builder? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Validity of insurance cover for the group of the insured persons while pursuing hobbies: Low or medium-risk practices as competitive sports (S1) (clause 5.1 of the Terms and Conditions) <input type="checkbox"/> yes <input type="checkbox"/> no High-risk practices (S2) (clause 5.2) <input type="checkbox"/> yes <input type="checkbox"/> no		
2nd group of insured persons The groups are formed on the basis of similar cover, gender, professions, type of work and hobbies <input type="checkbox"/> office work <input type="checkbox"/> physical work	Number of insured persons	Gender of insured persons <input type="checkbox"/> female <input type="checkbox"/> male	Coverage <input type="checkbox"/> full-time <input type="checkbox"/> part-time
	Death benefit	Permanent disability benefit	Compensation for treatment expenses
	Per diem allowance	Compensation for injury	
	Does the group of insured persons include the representatives of the following professions: guard, cash collector, police officer, member of a rescue squad, diver, miner, stuntman, long distance driver, professional athlete or builder? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Validity of insurance cover for the group of the insured persons while pursuing hobbies: Low or medium-risk practices as competitive sports (S1) (clause 5.1 of the Terms and Conditions) <input type="checkbox"/> yes <input type="checkbox"/> no High-risk practices (S2) (clause 5.2) <input type="checkbox"/> yes <input type="checkbox"/> no		
3rd group of insured persons The groups are formed on the basis of similar cover, gender, professions, type of work and hobbies <input type="checkbox"/> office work <input type="checkbox"/> physical work	Number of insured persons	Gender of insured persons <input type="checkbox"/> female <input type="checkbox"/> male	Coverage <input type="checkbox"/> full-time <input type="checkbox"/> part-time
	Death benefit	Permanent disability benefit	Compensation for treatment expenses
	Per diem allowance	Compensation for injury	
	Does the group of insured persons include the representatives of the following professions: guard, cash collector, police officer, member of a rescue squad, diver, miner, stuntman, long distance driver, professional athlete or builder? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Validity of insurance cover for the group of the insured persons while pursuing hobbies: Low or medium-risk practices as competitive sports (S1) (clause 5.1 of the Terms and Conditions) <input type="checkbox"/> yes <input type="checkbox"/> no High-risk practices (S2) (clause 5.2) <input type="checkbox"/> yes <input type="checkbox"/> no		
4th group of insured persons The groups are formed on the basis of similar cover, gender, professions, type of work and hobbies	Number of insured persons	Gender of insured persons <input type="checkbox"/> female <input type="checkbox"/> male	Coverage <input type="checkbox"/> full-time <input type="checkbox"/> part-time
	Death benefit	Permanent disability benefit	Compensation for treatment expenses
	Per diem allowance	Compensation for injury	

Insurer	Seesam Insurance AS Vambola 6, 10114 Tallinn, registry code 10055752 Telephone (+372) 628 1800, Fax (+372) 628 1802, E-mail seesam@seesam.ee		
Receipt of the application by Seesam's representative	Name of Seesam's representative receiving the application	Date	Signature of the representative