

Application/risk mapping for entry into real estate insurance contract for associations

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|--|---|------------------------------|---|------------------------------------|--|
| POLICYHOLDER | Name of the company / Given name and surname | | Commercial Registry code / Personal identification code | | |
| | Address (street, house, city, rural municipality, county, postal code) | | | | |
| | Telephone | | E-mail | | |
| PLACE OF INSURANCE | Address of the place of insurance (street, house, city, rural municipality, county, postal code) | | | | |
| BUILDING(S) AND FACILITY/FACILITIES | Are there any commercial spaces in the building to be insured? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| | Other areas of activity in the building in addition to the policyholder's principal activity | Name of the area of activity | | Area to be covered in the building | |
| | | | | | |
| | | | | | |
| | Owner of the building (name, address) | | | | |
| | Load-bearing structure of the building | | | | |
| | Wall structure (load-bearing walls and partition walls) | | | | |
| | Inserted ceiling structure | | | | |
| | Roof structure and roof covering material | | | | |
| | Other data about the building(s) | | | | |
| | | Year of construction | Total area | Total number of floors | |
| | Year of replacement of utility systems: | Heating system | Power system | Pipelines | |
| | Year of renovation of the building ¹⁾ | | | | |
| | ¹⁾ Renovation has been performed if utility systems, power supply system and roof have been replaced and interior and exterior finishing has been renewed in the building. | | | | |

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|--|--|---|---|
| FIRE PROTECTION MEASURES | Has a functioning automatic fire alarm system been installed in the building: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | Transmission of an automatic fire alarm system alert: <input type="checkbox"/> local <input type="checkbox"/> connected to the control centre | | |
| | Have functioning automatic fire extinguishers been installed in the building: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | Detectors installed: <input type="checkbox"/> smoke detectors <input type="checkbox"/> heat detectors | | |
| LOSS EVENTS OCCURRED WITHIN THE LAST 5 YEARS | (Reason for the loss, extent of the loss and amount of the loss) | | |
| SUMS INSURED AND INSURANCE COVER | <input type="checkbox"/> The sums insured include VAT | | |
| | <input type="checkbox"/> The sums insured do not include VAT | | |
| | | Sum insured (EUR) | Requested risks to be insured |
| | <input type="checkbox"/> Building carcass <input type="checkbox"/> Building <input type="checkbox"/> Facility | | <input type="checkbox"/> real estate insurance <input type="checkbox"/> extended real estate insurance |
| | Requested deductible (EUR) Building: <input type="checkbox"/> 300, <input type="checkbox"/> 600, <input type="checkbox"/> 900, <input type="checkbox"/> 1200, <input type="checkbox"/> 1500, <input type="checkbox"/> 2500 | | |
| Do you wish glass insurance? <input type="checkbox"/> NO <input type="checkbox"/> YES, deductible <input type="checkbox"/> 100€ or <input type="checkbox"/> 60€ <input type="checkbox"/> YES, other (please describe) | | | |
| Do you wish liability insurance? <input type="checkbox"/> NO <input type="checkbox"/> YES Insurance cover option: <input type="checkbox"/> construction owner's liability insurance <input type="checkbox"/> construction owner's extended liability insurance Requested sum insured (EUR): <input type="checkbox"/> 35 000, <input type="checkbox"/> 70 000, <input type="checkbox"/> 100 000 Requested deductible (EUR): <input type="checkbox"/> 300, <input type="checkbox"/> 600, <input type="checkbox"/> 900, <input type="checkbox"/> 1200, <input type="checkbox"/> 1500, <input type="checkbox"/> 2500 | | | |
| NOTES | | | |
| POLICYHOLDER'S SIGNATURE | I have provided true data for making the offer and I am aware of the consequences of providing false information. I have received and read the standard terms and conditions applicable with respect to the insurance contract. The contents of the provisions set out in legislation with respect to personal data have been introduced to me, I am aware of these and grant my consent to the processing of personal data. I agree to immediately notify Seesam of any changes in material circumstances or personal data in a format that can be reproduced in writing. | | |
| | Date of filling in the application | Name of the person filling in the application | |
| INSURER | Compensa Vienna Insurance Group, ADB Eesti filiaal Maakri 19/1, B-building 10145, Tallinn. Commercial Registry code 12970620 Telephone 628 1800, e-mail seesam@seesam.ee | | |
| RECEIPT OF THE APPLICATION BY SEESAM'S REPRESENTATIVE | Name of Seesam's representative who received the application | Date | |