

NOTES ON THE OBLIGATION TO DISCLOSE

As the applicant/prospective policyholder, you are obliged to ensure that you answer the questions in this application form as fully as possible. This also applies to facts and circumstances relating to a known third party at the time this insurance is incepted whose interests are also included under the policy. Furthermore, when answering the questions, you should be guided not just by the facts known to you, but also by the facts known to the other parties having an interest in this insurance. Questions to which you assume the insurer already knows the answer must nonetheless be answered as fully as possible. You must report any facts and circumstances which become known to you after you have submitted this application, but before the insurer has notified you of its final decision regarding whether or not it will insure the risk for which you have requested cover, subsequently to the insurer if such facts and circumstances relate to the questions in the application form, two copies of which have been handed to you together with the conditions of insurance applying to the cover which you have requested. Any failure to satisfy, or fully satisfy, your obligation to disclose necessary information may result in your entitlement to benefit being restricted or even being lost. If you have deliberately misled the insurer, or if the insurer would never have incepted the insurance if it had been aware of the true nature of the situation, the insurer shall also be entitled to cancel the insurance.

Previous convictions

Have you or another person having an interest in this insurance had contact with the police or the law in the last eight years either as a suspect or in connection with the enforcement of a (punitive) measure or sentence in relation to: benefit which has been or will be illegally obtained, for example due to theft, embezzlement, deception, fraud, forgery or attempted forgery of documents; unlawful harm caused to others, for example due to destruction or damage, assault, extortion and blackmail or any crime or offence directed against personal freedom or against life, or any attempt to do so; violation of the Weapons and Ammunition Act (Wet wapens en munitie), the Opium Act (Opiumwet) or the Economic Offences Act (Wet economische delicten)? If you answer yes, please specify the offence concerned, whether this led to criminal proceedings, the outcome of such proceedings and whether a sentence or any (punitive) measure has been imposed. If no legal proceedings were brought, please state whether a settlement was reached with the Public Prosecution Service (Openbaar Ministerie), and, if such a settlement or deal was reached, what the conditions were for the deal. (You may send this information in confidence to the management board if you so wish.) By signing this application form, the applicant/prospective policyholder declares that he/she wishes to take out insurance under the cover set out in the attached conditions of insurance, and that he/she agrees that the related conditions of insurance, which form an integral part of the cover, shall apply to such cover.

Insurance period:

Date of departure / starting date
Day: _____ Month: _____ Year: _____
Insurance for a maximum of one year, extension possible, provided the insurer's approval
Termination/return date:
Day: _____ Month: _____ Year: _____

Medical details:

Are you currently receiving medical treatment or have you had any medical treatment in the last six months:

Yes No

If so, for which disease were or are you treated:

Please note that pre-existing conditions are not covered.

Do you wish your policy to cover you for winter sports and underwater sports activities as well? (premium € 5,00 per month) Yes No

Authorization standing order:

The undersigned hereby authorizes W.B.D. Lippmann Groep B.V. to withdraw the due premium and costs from his/her bank account in the Netherlands with regard to this insurance:

- Per 3 months
 Per 6 months
 Total amount

(Post)Bank Account Number _____

Signature:

The undersigned hereby authorises the medical advisor of W.B.D. Lippmann Groep B.V. to obtain any desired information from the attending physician(s). Said physician is also hereby authorized to provide any information relating to a claim.

The undersigned declares to have filled in all the questions accurately and according to the truth.

Date: Day: _____ Month: _____ 20 _____

Place: _____

Signature: _____

The insurance will become effective after the total amount due for premium and costs has been paid. Send this application form within a fortnight prior to your departure to: W.B.D. Lippmann Groep B.V., PO Box 30706, 2500 GS The Hague, The Netherlands.

The personal details provided will be recorded in the customers databases of the WBD Lippmann Groep B.V. These registrations are subject to a privacy policy.

EXTENT OF COVER

(All amounts in Euro)

Category 1 Medical Expenses

– Medical costs due to illness/accident (Own risk EUR 75,- per event)	Cost Price
– Emergency dental expenses (Own risk EUR 50,- per event)	500,-

Category 2 Extraordinary costs

– Costs of transport of ill/injured persons	Cost Price
– Repatriation expenses due to death	10.000,-
– Medical transport	Cost Price

Category 3 Legal Aid

– Legal assistance abroad	10.000,-
– Legal aid to obtain regress	10.000,-

Category 4 Accidents

– Death	10.000,-
– (for children)	2.000,-
– Permanent disability	100.000,-
– (for children)	20.000,-

Category 5 Liability

– Insured amount per event	1.500.000,-
– Damage to property at foreign address	20.000,-

Category 6 Baggage cover and travel documents (during travel)

– Travel documents	250,-
– Total Baggage (Own risk EUR 50,- per event)	2.500,-
– Sublimits specified:	
– photo/film/video, computer equipment	700,-
– telecommunication equipment	250,-
– jewellery	250,-
– watches	250,-
– (sun)glasses and contact lenses	250,-

Premium per month:

till 45 years	65,-
45 till 65 years	75,-
children till 18 years	40,-



60.445
01.05.2008

INSURANCE PASSPORT FOR EMPLOYEES
IPE



A GLOBAL STANDARD

EXPERIENCE THE WORLD WITH IPE!

IPE, INSURANCE PASSPORT FOR EMPLOYEES...

Frontiers are fading, in every sense. This offers the opportunity to work worldwide. IPE, the Insurance Passport for Employees offers a complete cross-border insurance policy during your stay abroad, anywhere in the world the work takes place.

WHO CAN BE COVERED UNDER THE IPE...?

The insurance covers anyone who goes abroad to work and for his/her partner and children.

WHAT DOES THE IPE COVER...?

The IPE insurance policy offers extensive coverage for urgent medical and dental treatment, special expenses and assistance, accidents, liability, legal assistance and loss of baggage.

WHEN AM I COVERED...?

The cover is valid within the dates specified on your policy.

For an interim holiday during your stay for work abroad, you will also be insured under your IPE insurance.

COVERAGE...

The insured amounts mentioned on the extent of cover are valid per year. With an extension coverage will be again valid up till the maximum insured amounts in a new insurance year.

GUARANTEE CARD...

Policy documents and the guarantee card will be sent to you upon receipt of the premium due. With this guarantee card you will have access to the IPE global network so that where you might be, you can call the special help line service, day or night.

PREMIUM...

The premium per insured depends on the age. For persons till 45 year is the premium € 65,- per month. For persons between 45 and 65 years is the premium € 75,- per month. Children can be insured for € 40,- per month. The costs per insurance application/renewal are € 3,25.

FURTHER QUESTIONS...?

The Lippmann Group advisors are available to answer any questions you may have. Just call +31 70 3028598 or fax +31 70 3617610.

Or write to:

W.B.D. Lippmann Groep B.V.
Casuariestraat 5
PO Box 30706
2500 GS The Hague
The Netherlands

e-mail: info@lippmann.nl
www.lippmann.nl

 Lippmann
groep b.v.

 SOS INTERNATIONAL
AMSTERDAM

JOHO

APPLICATION FORM FOR AN IPE INSURANCE

Please use block letters and fill in this form completely



Personal Details insured:

Surname: _____ m f

Initials: _____

Date of birth: Day: _____ Month: _____ Year: _____

Personal Details other insured persons:

Partner: name: _____ m f

Date of birth: Day: _____ Month: _____ Year: _____

Child 1: name: _____ m f

Date of birth: Day: _____ Month: _____ Year: _____

Child 1: name: _____ m f

Date of birth: Day: _____ Month: _____ Year: _____

Insurance for more children is possible, please enclose their details with this.

Home Address and residence in the Netherlands:

Address: _____

Postal Code/Place: _____

Telephone number: _____

E-mail address: _____

Address - contact address abroad:

Address: _____

Postal Code/Place: _____

Country: _____

Telephone number: _____

E-mail address: _____

Activities abroad:

Nature of employment: _____

The insurer remains the right to deny the application in case of dangerous working activities.

OTHER STATEMENTS

Have you ever been refused insurance cover, has your insurance ever been cancelled or have special conditions ever been attached to insurance cover for you? no yes*
Is there anything else you wish to state which may be relevant when assessing this application (such as a criminal conviction in the last 8 years of the applicant or the other persons who will be included under this policy)? This includes offences which have brought you into contact with the police or the criminal justice system (such as questioning, prosecution, a decision not to prosecute or fixed penalties). no yes*
* if you have answered 'yes', please give details

Date: Day: _____ Month: _____ 20____

Place: _____

Policyholder's Signature: _____

Unless provisional cover has been granted, the following shall apply: if W.B.D.Lippmann Groep B.V. does not announce within 14 days of receiving the application that it does not accept such application on the proposed inception date, or that it accepts the application but under other conditions, the cover will be effective from the proposed inception date in the application. W.B.D.Lippmann Groep B.V. will use the personal details and any other details provided upon the application for an insurance or financial service in order to incept contracts of insurance and to manage the relationships arising therefrom, including the prevention and combating of fraud. The Code of Conduct for the Processing of Personal Data by the Insurance Industry (gedragscode Verwerking Persoonsgegevens Verzekeringsbedrijf) shall apply. You can consult or request a copy of the full text of this Code of Conduct on the website of the Dutch Association of Insurers (Verbond van Verzekeraars): www.verzekeraars.nl. In the interests of ensuring a responsible acceptance policy, W.B.D.Lippmann Groep B.V. may request the insurance industry's Central Information System Association (Stichting CIS) in Zeist to provide any details that may be held on you there. The purpose of this is to control risks and to combat fraud. The privacy regulations of the Stichting CIS shall apply. These are available at: www.stichtingcis.nl. Any dispute and/or complaint arising from a contract of insurance incepted on the basis of this application and the details stated therein can be referred to:

- the management board of W.B.D. Lippmann Groep B.V. PO Box 30706, 2500 GS The Hague, The Netherlands.
- the Dutch Insurance Industry Complaints Authority (Stichting Klachteninstituut Verzekeringen), P.O. Box 93560, 2509 AN The Hague
- the competent court in the Netherlands, to be nominated by the insured or interested party.

Any contract of insurance that will be incepted shall be governed by and construed in accordance with Dutch law.

Do not forget to read the notes on the obligation to disclose before signing this application form! PTO

