

Zurich International Group Risk Solutions and/or Business to Business

(HK business only)

Application for insurance

Completing this form

Please complete this form in English using CAPITAL letters. If the form is incomplete or inaccurate it will result in delays. Coverage will start when we confirm acceptance. Please keep all correspondence related to this application and your policy(ies) documentation, when you receive it, safe and secure.

Important Notes

If the information provided in this form is different from the information on which the quotation is based, we may need to issue a new quotation with revised terms and rates.

If you do not give us complete and accurate information whether on this application form or for the quotation then this may affect the assessment and acceptance of any cover we offer or continue to offer. If you fail to give us the information we need or the information provided is inaccurate, this could invalidate your policy(ies) or the insurance benefits provided and may lead to a claim not being paid.

Our contact details

Email: zigrs.hkcorporate@hk.zurich.com

Telephone: +852 3405 7150

Details of the policy

Policy Name: _____

Accepted quotation reference number: _____

Requested policy(ies) start date

Policy(ies) anniversary date

Please tick to confirm the product/s you are applying for:

Zurich International Group Risk Solutions

Business to Business

Please tick to confirm the following information is correctly reflected in the quotation this application is based on:

Policy details (page 1 of quotation)

Eligibility criteria (page 2 of quotation)

Benefit structures, including sums insured, coverage type, minimum/maximum entry age etc. (page 3 of quotation onwards)

If any of the above cannot be confirmed, please specify the required changes to the quotation information.

Employees not actively at work

Please tick to confirm that as of the requested policy start date, there are no employees absent from work due to accident or illness that have been absent, or are likely to be absent, for a period of 12 weeks or more.

If the above cannot be confirmed, please complete the 'Employees not actively at work' form.

1 Policyholder details

Company name

Place of incorporation

Incorporation number

Registered office address

Trading names

Mailing address (if different to registered office)

Nature of company business

Website address

Contact person

Job title

Email address

Telephone number

Zurich may require further documentation to comply with Anti-Money Laundering regulations.

If you are not the employer, please use the section below to explain your role in applying for the policies.

We adhere to strict confidentiality procedures when we communicate with our customers. We will regard the details you provide as your authorized contact details; it is therefore important that they are accurate and that you let us know if any of the details change.

2 Associated companies

Do you have a direct or indirect commitment to provide benefits to the employees of an associated company?

Yes No

If 'yes', please give details below for each participating employer.

Company name

Registered office address

Relationship¹

Company name

Registered office address

Relationship¹

Associated companies (continued)

Company name

Registered office address

Relationship¹

¹ Please explain the relationship of the policyholder to these associated companies, for example, parent company, service provider to group of companies, etc.

3 Continuation sheet

4 Source of funds

Please provide details of the bank account from which premiums will be paid. These details are required under Anti-Money Laundering regulations so we can verify the account the premiums are to be paid from. The policyholder will be invoiced directly.

We expect all premiums to be paid from an account in the name of the policyholder. By exception, Zurich may accept a premium from a third party if it complies with its business acceptance criteria. However, this will result in additional requirements in order to comply with our anti-money laundering requirements. Please discuss your requirements with us prior to completing the application form.

If the premium is being paid by your intermediary/broker, the intermediary/broker must be permitted to do so in the country of their registration, be authorized to hold client money and have valid terms of business with us.

If premiums are received from any other source that has not been accepted by Zurich, then they shall be returned and this may result in the cancellation of cover.

Account holder

Account number

Sort code (for UK banks only)

SWIFT code (if known)

IBAN

Bank name

Bank address

Country

Please confirm the origin of the monies which will be used to fund the premiums.

Company operating costs/profits

Other – Please specify below

Zurich reserves the right to request supporting documentation evidencing the origin of the funds, e.g. a copy of your most recent report and accounts.

5 Intermediary/Broker details

Please note an application submitted to us by your intermediary/broker can only be accepted if they have valid terms of business with Zurich.

Company name

First name

Telephone number

Surname

Email address

Office address

Is correspondence to go to your intermediary/broker?

Yes No

If you select 'no', please note all correspondence will be sent to the contact person provided in section 1.

6 Data privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (Zurich) as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at www.zurichinternational.com/im/legal/privacy.

7 Declarations

Zurich International Group Risk Solutions and Business to Business Declaration

- I/We declare that the information given in this form is true and accurate.
- I/We understand that under no circumstances will Zurich express any view on the tax treatment of any insurance benefit payable to the policyholder or any entitled beneficiary.
- I/We have read the information relating to data protection.
- I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided personal information about individuals, all necessary permissions and consents have been received and where necessary the individuals have been informed about the content of the Zurich International Life Limited privacy notice.
- I/We confirm that we have read and accepted the information stated within the Quote and Policy Terms and Conditions provided.

Business to Business Declaration

- I/We declare that the policyholder has a demonstrable interest in the insurance cover being requested.
- I/We understand that the policy(ies) are offered on a business to business basis. Neither the employees nor any associated companies and their employees are a party to the insurance contract and therefore have no rights under the policy(ies).
- I/We understand that the policy(ies) provides insurance cover to the policyholder. Neither the employees nor any associated companies and their employees are insured under the policy(ies) and therefore have no rights under the insurance contract.
- I/We understand that the policyholder shall be solely responsible for the premium payment corresponding to the insurance cover being provided under the policy(ies) and Zurich cannot accept premium/s from a source other than the policyholder.
- I/We understand that by default all claim payments from Zurich will be paid directly to the policyholder, unless otherwise agreed by Zurich specifically in writing.

Name _____
Job title _____
Company name _____
Date

Signature

Name _____
Job title _____
Company name _____
Date

Signature

Zurich International Life Limited, Bahrain Branch, which is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Branch offices: 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.
Telephone +973 1756 3322.

Zurich International Life Limited, UAE Branch, which is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE governed by such law.

Registered offices at Unit 601, Building 6, Emaar Square, Dubai. (PO Box 50389 Dubai)
Telephone: +971 4 425 2300 www.zurich.ae

Zurich International Life Limited, Hong Kong branch, registered in Hong Kong (Registration No. F-3667) on 1 October 1986 as a non-Hong Kong incorporated company.

Registered office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.
Telephone +852 3405 7150

Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 020126C.

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