Liberty Seguros

Insurance Application
LIBERTY**LIFE CHOICE**

I hereby apply to Liberty Seguros, Compañía de Seguros y Reaseguros, S.A. for a Life insurance policy based on the statements contained in the application, the questionnaire and the declaration from the insured.

Insurance agent MAINLY HEALTH PLANS Type of agent AGENCIA VINCULADA Code A193310031

MODULES AND COVERS

COVERS	A	B	C
Death	€ 60,000	€ 60,000	€ 60,000
Permanent total disability	€ 60,000	€ 60,000	€ 60,000
Additional benefit for death due to an accident		€ 60,000	€ 60,000
Additional benefit for death due to road-traffic accident		€ 60,000	€ 60,000
Additional benefit for permanent total disability due to accident		€ 60,000	€ 60,000
Additional benefit for permanent total disability due to a road-traffic accident		€ 60,000	€ 60,000
Advance payment for serious illness			€ 30,000

Advance payment upon death of € 3,000

POLICYHOLDER

Surname, Forename

TAX ID No.

Address — Postcode

Town — Province — Telephone

INSURED

Surname, Forename

TAX ID No.

Address — Postcode

Town — Province — Telephone

Occupation — Date of birth

Place of birth — Gender — Marital status

BENEFICIARIES (DESIGNATION)

☐ For permanent disability and/or serious illnesses

☐ For death

DIRECT DEBIT

Organization | Office | Control No. | Account No. — Signature

REQUESTED INSURANCE

Product: TEMPORARY ANNUALLY RENEWABLE — Duration: ANNUAL RENEWABLE

Modality/Covers: ☐ A ☐ B ☐ C — Method of Payment: ☐ Annual ☐ Half Yearly ☐ Quartely

Annual Total Premium — Fractional Premium

12/08

The policyholder and the insured are responsible for the truthfulness of the responses given above, which shall be used, where applicable, as a basis for calculating the premium and for acceptance of the guarantees requested. They also declare that no circumstances have been omitted that may influence assessment of the risk. Liberty Seguros reserves the right to accept or reject the risk for which coverage is requested.

This questionnaire application is hereby issued in _____

The applicant — The insured — The insurance agent

By signing this application, the policyholder expressly acknowledges that he/she has received a prior information statement that includes the terms of articles 104, 105 and 106 of the current Regulation and Supervision of Private Insurance Act, as well as the information to which Articles 42 and 43 of Act 26/2006 of 17 July, on the Mediation of Private Insurance and Reinsurance, refer.

Any personal data contained in this insurance application is required in order to assess and limit risk and to initiate and maintain the contractual relationship; it would not be possible to formalise and maintain the said contractual relationship without this data. The said data will be included in the files for which LIBERTY SEGUROS, Compañía de Seguros y Reaseguros, S.A. is the responsible party, assigned Tax ID No. A-48037642, with registered offices at C/Obenque 2, 28042 Madrid. The party concerned is entitled to exercise his/her rights to access, correct, cancel and oppose the processing of his/her personal data, pursuant to the terms and conditions set forth in the General Personal Data Protection Act 15/1999 of 13 December and the regulations developed therein. If data relating to individuals other than the policyholder are included in this document, the policyholder hereby declares that he/she has previously informed such persons of the information included in the preceding paragraphs.

The policyholder and the insured expressly provide their authorisation for said data (including health data), as well as any data subsequently provided and those data to which the insurer may have access as a result of the execution of the insurance contract, to be processed by the insurer and disclosed to other insurance companies or public or private bodies related to the insurance sector for statistical-actuarial purposes, fraud prevention and reasons of co-insurance, as well as to facilitate the handling of claims. He or she also expressly authorises any doctor, auxiliary staff and medical centre to provide the insurer with any information that the latter may require (including personal information relating to health), so that the insurer may fulfil the contractual relationship referred to in this document.

The policyholder expressly authorises the insurer to process his or her personal details and keep them even once the insurance contract has been cancelled, or even if said contract is never issued, in order to send direct marketing material by any means, including via e-mail or an equivalent means of communication, about products and services offered by the insurer or by any other company connected with the insurance and financial sector, as well as to transfer them for the same purpose to the insurance company, Génesis Seguros Generales, Sociedad Anónima de Seguros y Reaseguros, Sociedad Unipersonal, with registered offices at Paseo de las Doce Estrellas 4, Madrid 28042.

Please mark the following box if you do not wish to receive the information referred to in the previous paragraph ☐. Refusal to authorise this last procedure will not prevent this application from being processed.
By signing this application, the intermediary certifies that the photocopy of the Tax ID No./Foreign ID No. (DNI/NIE) attached hereto, which certifies the policyholder's identity, is identical to the original.

http://mainlyhealthplans.tel