APPLICATION FOR PERSONAL LIABILITY / ACCIDENT INSURANCE
for visiting scientists (research fellows and awardees)

Both insurances are constituting a contract of their own.

Personal Liability Insurance

When you cause damage to other people or property - whether due to negligence, carelessness or forgetfulness -, you are obliged to pay compensation (no financial limits). A Personal Liability Insurance protects you from the financial consequences of such an accident. We assess if and when a claim is justifiable and to what extent. The insurance protects against unjustified claims and provides cover for valid claims.

We offer Personal Liability Insurance under the following terms and conditions (maximum financial cover):

10,000,000	EUR	Damage to persons or property
1,000,000	EUR	Damage to rented accommodation
30,000	EUR	Loss of keys

Accident Insurance

For accidents at extra risks due to professional activity, coverage is reduced to half the sum insured.

We offer Accident Insurance under the following terms and conditions (maximum financial cover):

50,000	EUR	invalidity sum
150,000	EUR	complete invalidity (300% graduated progression)
10,000	EUR	in case of death
20	EUR	daily hospital benefit / costs of convalescence for hospital stay caused by accident
5,000	EUR	for rescue operations / repatriation of remains
1,000	EUR	contribution to health cures (resulting from an accident)

start of insurance (day/month/year): _____   insurance period: _____ months

name of your research institute: _____

I apply for:

A.) Liability Insurance	premium per month	
☐ **for a single person**	4.90 EUR (19% taxes included)	
☐ **for families**	6.40 EUR (19% taxes included)	for the entire family

B.)	premium per month	
☐ Accident Insurance	5.95 EUR (19% taxes included)	**per person**

General health information in connection with personal injury / accident insurance policies
Has the insured person suffered from, or is the insured insured person suffering from any of the following sicknesses, ailments or injuries? (Sickness and ailments are for example: heart, cerebral, spinal or kidney disease, diabetes, epilepsy or stroke, hearing disabilities or short-sightedness of more than 8 diopters, lameness or amputation of limbs, stiffening or skeletal joints.) When necessary, please continue on extra sheet.

☐ No   ☐ Yes, (When "Yes", please give the following information: Type of ailment/injury, ensuing disabilities, dates of treatment, names and addresses of doctors and hospitals etc.).

for the following person/s:

family name, given name, home country	date of birth	postal address	email

_____   _____
place, date   signature of the applicant

HanseMerkur Versicherungsgruppe / Geschäftsstelle Daniel Weist • Neuenhöfer Allee 49 • 50935 Köln
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Basic SEPA direct mandate for recurring payments

Creditor/Account holder : HanseMerkur Geschäfststelle Daniel Weist, Neuenhöfer Allee 49, 50935 Köln
Creditor ID Number: DE13ZZZ00001856897

I/we authorise HanseMerkur Geschäftsstelle Daniel Weist to make direct debits against my/our account on behalf of the HanseMerkur insurance company named in the policy. At the same time, I/we instruct our payment service provider to honour all direct debit requests made by HanseMerkur Geschäftsstelle Daniel Weist to my/our account. Note: I/we have the right to request the refund of the debited amount within eight weeks from the debite date. The terms and conditions of my/our payment service provider are applicable.

Family name, first name of the debitor (account holder)
Street, house number
Postal code, place of residence
IBAN
BIC
Name of your bank
Place, date, signature