

Agreement

General

We consider it of great importance to provide correct and full information about the insurance you wish to take out, our services and our company. We further ask your agreement on a number of issues necessary to take out insurance. This information and these agreements are made available to you in this document.

Important information for insurance cover

General

- Unless otherwise agreed, disputes arising from insurance are subject to Dutch law.

Complaints

- Complaints and disputes related to the mediation, creation and execution of the insurance contract may be submitted to Aon Nederland C.V. to the attention of the Compliance Department, PO Box 518, 3000 AM Rotterdam.
- You can also submit your complaint to the Financial Services Complaints Institute, PO Box 93257, 2509 AG The Hague, phone 070 333 89 99. If you do not wish to use these options for handling your complaint, or you disagree with the outcome or the way you complaint is treated, you can refer the dispute to the competent court.

Statutory information

- Aon Nederland C.V. is registered with AFM under number 12009529. Aon Nederland C.V. has its registered office in Rotterdam and is registered with the Dutch Chamber of Commerce under number 24061634.

Your data

- In connection with a sound underwriting policy, the insurer may access your information at the CIS foundation in The Hague. Objective of these inquiries is to manage risks and counteract fraud. The privacy of CIS applies. See www.stichtingcis.nl.

Duration of the insurance

The insurance shall be valid for an indefinite period. The policyholder has the option to cancel the insurance every day, as mentioned in the conditions.

Grace period of the insurance

On the application of an insurance policy a period to (re)consider applies. This means that the policyholder, after receipt of the policy and the policy conditions, can undo the insurance. The following applies:

- The grace period covers fourteen calendar days;
- The grace period begins at the moment the policy and the policy conditions have been received;
- The insurance has a minimum contract term of at least one year;
- When using the option to dissolve the agreement this is treated as if the insurance has never existed;
- If the (provisional) coverage of an insurance starts, with the consent of the insured, before expiration of the grace period, the policyholder can no longer undo the insurance.

Payment options

There are several options available for payment of the (monthly) insurance premium. In the application form you can make a choice for one of these payment options. Below we give an explanation of the various options.

- Direct Debit: In this case you authorize Aon to charge your bank account monthly for the insurance premium;
- AcceptEmail: AcceptEmail is a new way of sending bills and payment orders. It combines the widely used e-mail with the speed and ease of use of Internet payments. AcceptEmail is actually a digital acceptgiro.



Empower Results®

- Acceptgiro: If you decide to pay by giro we will send you a monthly postal giro to pay the premium.

Insurance taks

- The tax on insurance premium is 21%. This insurance tax is part of your monthly premium. The following insurance is exempt from tax:
 - accident- and disability insurance;
 - health insurance;
 - unemployment insurance;
 - insurance of vessels (except pleasure craft) and aircraft, designed as public transport in international traffic (for example, no private plane);
 - transport insurance;
 - reinsurance.

In insurance packages, the exemption is applied to the portion of the premium attributable to the exempt insurance.

Agreements

Before we can take out the insurance for you, we need your agreement on some issues. If you come to terms with this agreement you give authorization on the following issues:

Electronic messaging

If an applicant/prospective policyholder opts for electronic messaging, he/she hereby consent to the transmission of electronic invoices and messages about products and services of Aon Nederland C.V. Applicant/prospective policyholder hereby agrees to receive a digital policy schedule.

Commercial approach by e-mail

Personal data are requested when applying for insurance / financial services. These will be processed by Aon Nederland C.V. for the purpose of mediation in (insurance) agreements; for carrying out marketing activities; to prevent fraud against financial institutions and to comply with legal obligations.

Direct debit

If the applicant/prospective policyholder has chosen for payment by direct debit this means he/she has authorized Aon Nederland C.V. to arrange automatic payment until further notice. In this case you authorize Aon Nederland C.V., until further notice, to charge premium, including transaction costs, for the insurance you applied for from your bank account. The deadline for the right of reversal of a payment is 56 days after the amount is debited from your bank account.

Terms and Service Guide

The applicant/prospective policyholder wishes to start insurance based on the cover described in the terms of insurance with which he agrees. Policyholder also agrees with the content of the Service Guide.

Concluding

Important: Before taking out this insurance please read the explanation of the extent of the Duty of Disclosure.

Notes to the extent of the duty of disclosure

1. As applicant/prospective policyholder, you are required to answer the questions in this application and provide full disclosure of all relevant information known at the moment of application. This also applies to the facts and circumstances relating to a third party whose interests are covered under the insurance and who has reached the age of sixteen years. In answering it is not only the personal knowledge of the applicant decisive, but also that of the other stakeholders in this insurance. Questions to which you assume the answers are known to the insurer, should nonetheless be answered to the best of your knowledge. If you fail to comply with your Duty of Disclosure this can result in reduction or cancellation of an entitlement to benefit(s) under the insurance. If you have intentionally deceived the insurer or if the insurer would never have started the insurance if he had been aware of the true state of affairs, the insurer also has the right to cancel the insurance.
2. Facts and circumstances which become known after you have submitted this application, but before the insurer has sent you the final notification on the decision whether or not to insure the risk that you offered for insurance, must be disclosed if they are relevant for the questions in the application form.
3. Notwithstanding the provisions of Article 7:928 paragraph 6, Civil Code the following principles also apply to the Duty of Disclosure for this insurance:
 - A question left unanswered or an answer left open is deemed to be answered in the negative;
 - The final question must be answered completely. The final question is deemed to be answered incomplete if said facts and circumstances have been suppressed or misrepresented and the applicant/prospective policyholder should reasonably understand that this could be important for correctly assessing the risk presented to ensure. For example if any of the other questions of the digital application and/or the nature of the insurance applied for is related to what is suppressed or is misrepresented.