

Please write names according to official documents

Family address (in Switzerland)

Zip, city _____
 Street _____ No. _____
 Tel. home _____ Mobile _____
 Email _____

1 Head of the family

Last name _____
 First name _____
 DOB (dd/mm/yyyy) ____ ____ ____ m f
 married: Yes No employed: Yes No
 Profession _____
 Nationality _____

2 Spouse, Partner

Last name _____
 First name _____
 DOB (dd/mm/yyyy) ____ ____ ____ m f
 married: Yes No employed: Yes No
 Profession _____
 Nationality _____

3 Other family member

Last name _____
 First name _____
 DOB (dd/mm/yyyy) ____ ____ ____ m f
 other information _____

4 Other family member

Last name _____
 First name _____
 DOB (dd/mm/yyyy) ____ ____ ____ m f
 other information _____

School, campus:

Health insurance (select the plan for each person)

	Person	1	2	3	4
Language	E G F I				
A = ASSURA / S = SWICA					

Type of mandatory insurance

Standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP family doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HMO medical center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24/7 call option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deductible: S / M / High				

Top-Up coverage

Emergency cover worldwide and Switzerland full access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital ward				

SP = semi-private P = private

Content, personal liability, legal protection

Content (replacement value)	Personal liability
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
We live in a <input type="checkbox"/> house <input type="checkbox"/> apartment	<input type="checkbox"/> single
Number of rooms _____	<input type="checkbox"/> family, cohabitation
Number of persons _____	<input type="checkbox"/> tenant
<input type="checkbox"/> small inventory (40'000)	<input type="checkbox"/> house owner
Current replacement value: (consult the questionnaire)	<input type="checkbox"/> dog, pets owner
CHF _____	<input type="checkbox"/> electric bicycle
<input type="checkbox"/> coverage worldwide sum:	Legal protection
CHF _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Motor vehicle insurance

Yes No Consult the questionnaire

Broker Mandate

The Client engages and authorizes the Broker to follow up the entire insurance portfolio on an ongoing basis. The Client continues to be the contracting party, policyholder and shall be the debtor in respect of premiums. The Client signs insurance contracts himself, and is the sole party entitled to receive damages and compensation payments. The Broker however, shall represent the Client to insurance companies and foundations in all other matters. He negotiates in the Client's name, to inspect documents, to terminate contracts (after previous consultation with the Client) and to call in offers for new contracts. **Term of contract:** the broker mandate shall commence on the date of signature and may be cancelled by the two parties at any time according to the Code of Obligations, Art 404. **Information:** Baumassurance SA and its brokers are independent, certified insurance intermediaries, accredited and regulated by the Swiss Financial Market Supervisory Authority FINMA. **The Clients confirm** having read und understood the broker mandate content. <https://www.baumassurance.ch/dienstleistung>

Place, date:

Signatures (all persons from age 18 onwards)