

APPLICATION FOR
 PERSONAL LIABILITY / ACCIDENT INSURANCE
 for foreign scientists (grant-aided and prize-funded research)

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):

3,000.-	EUR	Lump-sum payment to persons or property
100,000.-	EUR	Assets loss (within the framework of the insurance policy cover)
100,000.-	EUR	Rented Accommodation damage claims

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	<u>premium per month</u>
<input type="checkbox"/> for a single person	= 5.30 EUR (19% taxes included)
<input type="checkbox"/> for families	= 6.50 EUR (19% taxes included) for the whole family

B.)	<u>premium per month</u>
<input type="checkbox"/> Accident Insurance	5.95 EUR (19% taxes included) <u>per person</u>

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 nationality	date of birth	address email	name of your bank bank code (BLZ) account number

place, date

signature of the applicant