

I. General Information:

- **Company**
 - Name :
 - Address :
 - Contact person :
 - Phone/Fax :
 - Email :
 - Field of activity :

- **Broker**
 - Name :
 - Address :
 - Contact person :
 - Phone/Fax :
 - Email :

- **Insurer**
 - Name :
 - Address :
 - Contact person :
 - Phone/Fax :
 - Email :

- **Policies**
 - Policy-No. :
 - Expiration Date :
 - Renewal Date :

II. Description of Insurance

Year 2020	No. of vehicles				
	Third Party Liability (TPL)	Own Damage			
Vehicle category		Fire	Theft	Glass	Collision (incl. fire, theft & glass)
passenger cars					
buses					
vans / pick ups					
trucks					
(semi) trailer					
tankers					
tractors					
engines / forklifts					
Master Cover					

+ full specification of fleet incl. coverage + sum insured Own Damage (New Price / Daily value)

- **Liability Limits**
 - Maximum** :
 - bodily injury :
 - property damage :

- **Deductibles**
 - fire, theft, glass :
 - collision / Own Damage:
 - others (Third Party Liability):

III. General Claim Information

- **Who arranges the accident & repair management?**
 - In-House :
 - Lease Company :
 - Other Service Provider :

- **Who handles and settles the claims?** e.g. insurer, broker, claims management company
 - Third Party Liability :
 - physical damage :
 - uninsured loss recovery:

- **drivers` ages:**

IV. Loss History / Claims Statistics (see attachment)

Please attach original insurer-claim-**statistic excel**, or provide comparable information below

- **Vehicle years (per class vehicle) of previous 3 years**

- **Does the loss information include amounts / payments within deductibles?**
 - yes/no

- **If no, please enter the amount and payments of all claims which are paid by yourself:**
 - Own Damage:
 - Third Party Liability:

- **Currency:** _____

V. Annual Premium in EURO

year	annual premium in EURO	comments
2016		
2017		
2018		
2019		
2020 (forecast)		

Risk Questionnaire for Pan European Fleet Solutions



Attachment regarding IV. claims experience

Please provide the claims experience for a minimum period of 3 years and preferably 5 years in the format below. Basis of cover/insurer/claims service provider identity for each year

insurance year	net premium except tax - EUR	number of vehicles	number of claims	Own damage costs paid - EUR	Own damage costs reserves - EUR	TPL costs paid - EUR	TPL costs reserves - EUR	total claims EUR	loss ratio %

Date when claims experience was provided:

Details for each large loss (e.g. over EUR 50,000) :

accident date:	
vehicle typ:	
circumstances:	
injuries/damage caused:	
number of injured third parties	
paid to date:	
outstanding reserves:	
any potential recovery factors	

- Is a complete list of each claim or a data download over 3 years available?
 - yes/no