

TRUCK: DRIVER'S TRAVEL INSURANCE QUOTE REQUEST SHEET

| | | | | | | |
|---|-------------------------------------|--------------------------------------|---------------------------------------|--|--|--|
| Policy holder: | | | | | | |
| Policy holder address: | | | | | | |
| Policy holder activity: | | | | | | |
| Typical travel destinations: | | | | | | |
| Required insurance package: | I. version <input type="checkbox"/> | II. version <input type="checkbox"/> | III. version <input type="checkbox"/> | | | |
| Effective date: | | | | | | |
| License plate numbers: | | | | | | |
| | | | | | | |
| | | | | | | |
| Was there any accident insurance claim over the last 3 years? | | | | | | |
| Detailed description of damages if any: | | | | | | |
| Broker: | | | | | | |

Budapest, 20.....

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Policyholder

Contact

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