



Assicurazioni e Consulenze

DECLARATION OF CONSISTENCY OF THE PRODUCT (Article 58 Ivass Reg. 40/18)

Dear Client,

This questionnaire aims to acquire all of the information needed to perform a proper assessment of your requirements and, consequently, to propose you policies for the risks you intend to insure. A total or partial lack of this information might affect our ability to make an accurate assessment.

INFORMATION ON THE CLIENT

The Client is a natural person legal person
Surname and name / Company name (in case of a legal person)

INSURANCE REQUIREMENTS

Insurance of assets: Third party liability, Home fire/theft, Motor vehicle fire/theft **Personal insurance:** Illness Injury Travel insurance Legal assistance **Other specify:**

DECLARATION OF INTENTION TO PURCHASE IF POLICY IS SUITABLE

(Sign if the contract is suitable, based on the replies provided by the Client or based on other available information)

Having considered the type of contract proposed, the premium, the excesses and the uninsured items for which the Insured Party remains liable, the duration of the contract and, generally, all of the key features of the contract, I declare that I wish to accept the insurance proposal and to sign the Contract, as it is suitable for my insurance requirements.

Milan,

Signed for receipt
Client/Insured Party

This Form is not a contractual document and is in no way binding for the Client



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