

BEGÆRING OM BESTYRELSESANSVARSFORSIKRING Ejerforeninger / andelsforeninger

Proposal form for D&O Insurance
 (335, 336)

Alle spørgsmål på denne begæring SKAL besvares, således risikoen kan bedømmes af forsikringsgiverne. Udfyldelse og underskrift af denne begæring forpligter ikke den forsikringsøgende eller dahlberg assurance agentur a/s til at tegne forsikringen.

(All questions on this proposal form MUST be answered so that the risk can be assessed by the insurers. The completion and signature of this proposal does not oblige the proposer or dahlberg assurance agency a/s to take out an insurance.)

1. GENERELT (General info)

Foreningens navn: _____ Foreningens CVR nr.: _____
(The association's name) (The Association's registration number)

Foreningens adresse: _____
(The association's address)

Foreningen e-mail: _____
(Associations e-mail)

Professionel administrator: Ja Nej Hvis ja, navn: _____
(Professional Administrator) (Yes) (No) (If yes, name)

Tlf. administrator: _____ E-mail til administrator: _____
(Phone number to administrator) (E-mail to administrator)

Ønsket ikrafttrædelsesdato: _____
(Proposed inception date)

2. ØNSKEDE DÆKNINGER (Sum insured and deductible)

Markér de ønskede dækninger
(Mark the proposed sum insured)

21. Bestyrelsesansvar (Priser anno 2024)

(D&O (Prices as of 2024))

Forsikringssum pr. skade pr. år <small>(Insurance sum per claim per year)</small>	Selvrisko <small>(Deductible)</small>	Årlig præmie m/ administrator <small>(Annual premium w/ administrator)</small>	Årlig præmie u/ administrator <small>(Annual premium w/o administrator)</small>	Kryds af <small>(Tick off)</small>
1.500.000 kr.	10%, maksimalt 2.500 kr.	1.036 kr.	1.489 kr.	
2.000.000 kr.	10%, maksimalt 2.500 kr.	1.380 kr.	1.985 kr.	
2.500.000 kr.	10%, maksimalt 2.500 kr.	1.727 kr.	2.482 kr.	

2.2 Besvigelse / Underslæb (tillæggsdækning) (Priser anno 2024)

(Embezzlement / Misappropriation (additional coverage) (Prices as of 2024))

Forsikringssum pr. skade pr. år <i>(Insurance sum per claim per year)</i>	Selvrisko <i>(Deductible)</i>	Årlig præmie m/ administrator <i>(Annual premium w/ administrator)</i>	Årlig præmie u/ administrator <i>(Annual premium w/o administrator)</i>	Kryds af <i>(Tick off)</i>
500.000 kr.	10%, maksimalt 2.500 kr.	518 kr.	906 kr.	
1.000.000 kr.	10%, maksimalt 2.500 kr.	1.035 kr.	1.813 kr.	
2.000.000 kr.	10%, maksimalt 2.500 kr.	2.071 kr.	2.847 kr.	
2.500.000 kr.	10%, maksimalt 2.500 kr.	2.589 kr.	3.560 kr.	

Ovenstående priser er ekskl. gebyr og afgifter.

(The above prices are excluding fees and taxes)

Foreningsansvar (Fast tillæggsdækning uden merpræmie)

Association Liability (Fixed Supplementary Coverage without Additional Premium)

Forsikringssum pr. skade pr. år <i>(Insurance sum per claim per year)</i>	Selvrisko <i>(Deductible)</i>
5.000.000 kr.	10%, dog maksimalt 10.000 kr.

3. BETINGELSER FOR OVENSTÅENDE DÆKNINGER *(Terms and conditions for the mentioned coverages)*

3.1 Ved anvendelse af netbankssystem, har foreningen mindst to bestyrelsesmedlemmer til at godkende enhver disponering af midler.

(When using the online banking system, the association requires a minimum of two board members to approve any fund transactions)

3.2 Foreningens regnskab revideres hvert år af en revisor.

(The association's accounts are audited every year by an accountant)

3.2 Foreningen har ikke haft tab/underskud de seneste 2 år.

(The association has not incurred any losses/deficits in the past 2 years)

4. TILVALGSFORSIKRINGER *(Optional insurance coverages)*

Jeg ønsker at modtage en begæring på følgende forsikringer (sæt x):

(I would like to receive a Referral for the following insurances (mark with x))

a. NETBANKSFORSIKRING

(Online Banking Insurance)

Ja Nej
(Yes) (No)

b. TERRORFORSIKRING

(Terror Insurance)

Ja Nej
(Yes) (No)

5. NYHEDSBREV (Newsletter)

Ønsker du at tilmelde dig dahlbergs nyhedsbrev, der udsendes en gang i kvartalet?

(Do you wish to subscribe to dahlberg's newsletter, which is sent out once per quarter?)

Ja Nej
(Yes) (No)

Hvis ja, angiv venligst e-mailadresse: _____

(If yes, please provide your email address)

6. SKADER (Claims)

I forbindelse med tegning af ovennævnte forsikring kan vi herved bekræfte, at der ikke har været rejst erstatningskrav mod foreningen, og at foreningen ingen kendskab har til omstændigheder, som kunne resultere i, at et erstatningskrav vil blive rejst.

(In connection with the taking out of the above insurance, we can hereby confirm that no claim for damages has been filed against the association and that the association has no knowledge of circumstances that could result in a claim for damages being raised.)

Dato

(Date)

Underskrift

(Signature)

7. SAMTYKKE (Consent)

Opmærksomheden henledes på at:

- Denne begæring behørigt udfyldt tillige med supplerende oplysninger bedes underskrevet af firmaets indehavere eller repræsentant herfor.
- Såfremt forsikring etableres på baggrund af ovenstående oplysninger, skal enhver ændring vedrørende de ovenfor opgivne oplysninger omgående meddeles dahlberg assurance agentur a/s.

Jeg/vi erklærer på tro og love, at ovenstående besvarelser samt supplerende oplysninger er sandfærdige, og at jeg/vi ikke har tilbageholdt eller forvansket nogle forhold. Jeg/vi erklærer endvidere, at der ikke på nuværende tidspunkt foreligger omstændigheder, som måtte lade formode, at noget erstatningskrav refererende til uagtsomme handlinger og/eller unladelser, som nogen af de i virksomheden beskæftigede, herunder indehaverne, har begået. Endelig erklærer jeg/vi at være enige i, at denne erklæring indgår i forsikringsaftalen mellem virksomheden og dahlberg assurance agentur a/s som en del af forsikringsvilkårene.

Please note that:

- *This proposal, when duly completed along with additional information, should be signed by the proprietors of the firm or their representative.*
- *If insurance is established on the basis of the above information, any change regarding the information provided above must be notified immediately to dahlberg assurance agentur a/s.*

I/we declare on my honour that the above answers and supplementary information are truthful and that I/we have not withheld or misrepresented any facts. I/we further declare that there are no circumstances at this stage which would suggest that any claim for damages refers to negligent acts and/or omissions committed by any of the employees of the company, including the proprietors. Finally, I/we agree that this statement is included in the insurance contract between the company and dahlberg assurance agentur a/s as part of the insurance terms.

Dato

(Date)

Underskrift

(Signature)