



Application Business Travel Insurance (annual agreement)

Company name (policy holder)		
Address		
Post code/zip code		
VAT number		Telephone
Contact		E-mail
Period of agreement		
Co-insured		VAT number
Nr of employees	Nr of travel days domestic	Nr of travel days international
Death and invalidity compensation in case of accident (1 baseamount (ba) = 40 700 SEK 2008)		
<input type="checkbox"/> 10 ba / 18 ba	<input type="checkbox"/> 13 ba / 26 ba	<input type="checkbox"/> Other baseamount ___ / ___
Remark		
Broker/Representative		Telephone
Place		Date
Signature of qualified person or Representative		
Print name		

Send your application to:
 Europ Assistance Scandinavia AB
 Box 44095
 100 73 Stockholm

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 Fax: + 46 8 660 23 90
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