**Werksverkehr/Autoinhaltsversicherung**

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| --- | --- | --- |
| Beraterdaten | | |
|  |  |  |
| Name/Vorname |  | BCA-Nummer |
|  |  |  |
| E-Mail |  | Telefon |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mandantendaten | | | | |
|  | | | | |
| Name/Vorname/Anrede | | | | |
|  |  |  |  |  |
| Straße, Hausnummer |  | PLZ |  | Ort |
|  |  |  |  |  |
|  |  |  |  |  |
| Abweichender Versicherungsort (Straße, Hausnummer) |  | PLZ |  | Ort |
|  |  |  | | |
| Website |  | Geburtsdatum | | |

Laufzeit

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Versicherungsbeginn |  | Versicherungsablauf |

Betriebsgründungsjahr

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Monat + Jahr - Rabatt möglich) |  |  |

Risikofragen

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| Branche des Unternehmens |  |  |

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| Nr. | Wagenart (PKW, LKW,  < 3,5 t; >3,5 t) |  | Geschlossener Kasten/PKW | Spriegel/ Plane | offene Ladefläche |  | Kennzeichen |  | Versicherungssumme |
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| 1 |  |  |  |  |  |  |  |  |  |
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| 4 |  |  |  |  |  |  |  |  |  |
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| 5 |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |
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| 7 |  |  |  |  |  |  |  |  |  |
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| 8 |  |  |  |  |  |  |  |  |  |
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| 9 |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  | | | | | |

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| Güterarten | | |
| Handelsgüter Baumaschinen Material Medikamente Werkzeuge Tabakwaren | | |
|  | | |
| Musterkollektion Spirituosen Kühlgut, Art des Kühlguts: | |  |
|  | |  |
| Sonstiges: |  | |

|  |  |
| --- | --- |
| Geltungsbereich | |
| Deutschland Dänemark Frankreich Belgien Luxemburg Niederlande  Österreich Schweiz Polen Tschechien | |
|  | |
| Sonstige: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Zahlungsweise: | jährlich  halbjährlich  vierteljährlich  monatlich | | | | |
| Selbstbehalt: | 250 €  500 €  1.000 €  Sonstige | | |  | € |
| Zahlungsart: | Lastschrift  Rechnung | | | | |
| Versicherungsbeginn: |  | Laufzeit: | 1 Jahr  3 Jahre | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
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| Vorversicherung/Vorschäden | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | Vorversicherung: |  | Nein  Ja | | | | | | | | | | | | |
| Falls ja: |  |  | | ­ |  |  |  |  |  | | |
|  |  | Gesellschaft | |  | Jahresbeitrag |  | Versicherungsnummer |  | Versicherungssumme | | |
|  | | | | | | | | | | | |
| Gekündigt zum: |  |  | | | |  | vom  Antragsteller  Versicherer | | | | |
|  |  | Datum | | | |  |  | | | | |
| Vorschäden (auch unversicherte) letzte 5 Jahre (bei Elementar 10 Jahre): | | | | | |  | Nein  Ja, falls ja: | | | | |
| Schaden 1: |  |  | | | |  |  | | |  |  |
|  |  | Art | | | |  | Höhe | | |  | Jahr |
| Schaden 2: |  |  | | | |  |  | | |  |  |
|  |  | Art | | | |  | Höhe | | |  | Jahr |
| Schaden 3: |  |  | | | |  |  | | |  |  |
|  |  | Art | | | |  | Höhe | | |  | Jahr |
|  |  |  | | | | | | | | | |
| **Hilfreich: Dem Fragebogen  liegen folgende Unterlagen bei:** | | | Bilder  Info über Ausgleichsgeschäft | | | | | | | | |