

CONSTRUCTION BOND INSURANCE

Application

Applicant

Name, Surname: _____ Personal No: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Policy No: _____

I agree, to receive related information from BTA by email:

No Yes

Insured's representative (If you submit claim in light of insured):

Name, Surname/Appellation: _____ Personal No/Reg.No.: _____

Address: _____ Postal code: _____

Phone: _____ e-mail: _____

Information about the accident

Date: _____ Time: _____ Place (address): _____

Insured risk occurred due to:

From competition (auction) prepayment guaranty execution of work guaranty guaranty period warranty

Are other insurance contracts signed in relation to this accident?	No <input type="checkbox"/> Yes <input type="checkbox"/>	(state the insurance company)
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Description of the accident

(Detailed description answering to specific questions, also in chronological order stating information about occurred and indemnity amount. If necessary, attach a separate sheet.)

What kind of responsibility insured did not comply (describing relevant amount documentation):

Was claim issued directly to insured for not complying and what was their answer:

Applicant

Name, Surname: _____

Signature: _____

Date: _____

What is the possible amount loss and how was it calculated:

Were relevant institutions involved? Do they take the non-performance related investigation of the circumstances:

Was acceptance of construction work done? When, in what amount and on what documentation based (do not have to answer in case of (Auction) guarantees competition:

What exact defects during the warranty period were detected? Who and how the defects were detected and recorded? Why there is a reason to believe that precisely insured is responsible for the defect prevention? (answer only in case of guarantee period warranty):

Other important information:

Information about attached documents

- | | |
|--|--|
| <input type="checkbox"/> Applicants passport or drivers license copy | <input type="checkbox"/> Documents, which result in the policyholder's outstanding commitments (commitment documents must be submitted in full version, adding all attachments, amendments to adoption - deed, etc.) |
| <input type="checkbox"/> Documents verifying the membership of the accident, the causes, extent of damage (references, cited by public authorities, expertise, etc.) | |
| <input type="checkbox"/> A copy of the insurance contract | <input type="checkbox"/> Other _____ |

By signing this application:

1 I acknowledge that I am aware that in relation to this insurance claim, BTA will record telephone and oral conversations, and record other information related to the potential insured event by means audio and video recording and storage devices with the right to use these records as evidence in court in a dispute regarding insurance indemnity payment;

2 I confirm that the information provided is true, complete and accurate. It has been explained to me that in the case of being provided with untruthful or deceptive information, BTA is entitled to reduce the size of insurance indemnity or reject in its payment, as well as that it entails criminal liability under Section 177 (fraud) or Section 178 (insurance fraud) of the Criminal Law. Should BTA reduce the size of insurance indemnity or reject in its payment based on the aforementioned reasons, I pledge to compensate all damages caused thereby;

3 I am aware that insurance indemnity payment is made only after all the necessary documents confirming insured event occurrence and the losses caused thereby, are submitted to BTA;

4 I confirm that I am entitled to sign this application.

BTA informs that execution of the concluded insurance contract entails rights for BTA under the Personal Data Protection Law: in compliance with this Law, to process, incl. to obtain from registers and databases the personal data of the Policyholder and the Insured, to include personal identification codes for the provision of insurance services and namely: for adjustment of the reported insurance risk occurrence, for decision making on regarding the insured risk occurrence an insured event, for insurance indemnity size estimation and insurance indemnity payment.

Hereby I grant my consent to BTA to process my personal data, incl. identification codes for conducting statistical, market and public opinion studies, analysis and reporting, as well as conducting customer surveys and for risk management purposes.

Applicant

Name, Surname: _____

Signature: _____

Date: _____

Is filled in by BTA representative!

Received on: _____

Name, surname of the receiver: _____

Signature: _____