

OCIDENTAL
 grupo ageas
 New Insurance Alteration

Policy

Branch

Employee

Intermediary 207074605

Banco Comercial Português S.A.

Millennium
 bcp
POLICYHOLDER

Name:

Address:

Postal Code:

City/Town:

Date of Birth:

Sex: M F

Marital Status:

Date of Incorporation:

BUSINESS ACTIVITY CODE (CAE):

Business Type:

ID/Citizen Card:

Taxpayer No.:

Profession:

Telephone:

Mobile:

Email:

INSURED PERSON

Name:

Address:

Postal Code:

City/Town:

Date of Birth:

Sex: M F

Marital Status:

Date of Incorporation:

BUSINESS ACTIVITY CODE (CAE):

Business Type:

ID/Citizen Card:

Taxpayer No.:

Profession:

Telephone:

Mobile:

Email:

START DATE, DURATION OF THE CONTRACT AND PREMIUM PAYMENT FREQUENCY

Start Date/Alteration:

(According to legal provisions, in case this insurance proposal is accepted, the risk coverage is only effective after paying the due premium or instalment)

Duration of the contract: 1 Year and Subsequent Temporary No. of Days

Term Date at Hours

Premium Payment Frequency: Quarterly Semi-annual Annual

Policyholder/Insured Person _____

INSURANCE CAPACITY Owner Lessee Other: With rights reserved in favour of:

Address:

Postal Code:

In case there are rights reserved, and in the event of an incident, compensation amounts shall be paid to the Creditor Entity or with the latter's authorisation.

OBJECT / CAPITAL TO INSURE

Basic Coverage (Multi-risks) Basic Coverage according to the Insurance Simulation or Conditions Proposal to be attached.	Buildings:	€
	Machinery and Equipment:	€
	Raw materials:	€
	Finished products:	€
	Total Contents:	€

RECOMMENDED MODULE/COVERAGE OPTIONS

<input type="checkbox"/> Accommodation and Restaurants Machine Breakdown Damage to Landlord's Assets* Deterioration of Refrigerated Goods Deprivation of use of rented or occupied premises		<input type="checkbox"/> Services Fixed Electronic Equipment Damage to Landlord's Assets* Reconstitution of documents Data recovery from computer media	
<input type="checkbox"/> Health and Well-being Damage to Landlord's Assets* Fixed Electronic Equipment Deprivation of use of rented or occupied premises Data recovery from computer media	<input type="checkbox"/> Industry Electrical risks Business losses Machine Breakdown Deprivation of use of rented or occupied premises	<input type="checkbox"/> Trade Damage to Landlord's Assets** Deprivation of use of rented or occupied premises Electrical risks Machine Breakdown	

*When the "Building" object is selected, the "Damage to landlord's assets" coverage is replaced by "Electrical risks"

**When the "Building" object is selected, the "Damage to landlord's assets" coverage is replaced by "Indirect losses"

Policyholder/Insured Person _____

OPTIONAL COVERAGE/SPECIAL CONDITIONS

COVERAGES	DEDUCTIBLES	COMPENSATION LIMITS
<input type="checkbox"/> Seismic Phenomena (Buildings)		€
<input type="checkbox"/> Seismic Phenomena (Contents)		€
<input type="checkbox"/> Electrical Risks (Buildings)	-----	€
<input type="checkbox"/> Electrical Risks (Contents)	-----	€
<input type="checkbox"/> Reconstitution of documents	-----	€
<input type="checkbox"/> Damage to Landlord's assets	-----	€
<input type="checkbox"/> Smoke Room	No deductible	€
<input type="checkbox"/> Fixed electronic equipment	-----	€
<input type="checkbox"/> Third party assets held by the Insured Person	-----	€
<input type="checkbox"/> Insured person assets held by third parties	-----	€
<input type="checkbox"/> Operational Losses - Compensation period: Months	Days	€
<input type="checkbox"/> Robbery of Personal Effects – Owner and/or Employees	-----	€
<input type="checkbox"/> Assets held in safes or locked furniture	-----	€
<input type="checkbox"/> Machine Breakdown	-----	€
<input type="checkbox"/> Deterioration of Refrigerated Goods	-----	€
<input type="checkbox"/> Sacrifice of Assets	No deductible	€
<input type="checkbox"/> Deprivation of use of rented or occupied premises	No deductible	€
<input type="checkbox"/> Indirect losses	-----	€
<input type="checkbox"/> Data recovery	-----	€
<input type="checkbox"/> Loss of Rents	-----	€
<input type="checkbox"/> Accidental Spillage	-----	€
<input type="checkbox"/> Transported goods	-----	€
<input type="checkbox"/> Property Owner Civil Liability	-----	€
<input type="checkbox"/> Extra-contractual civil liability (extension)	-----	€
<input type="checkbox"/> Hydraulic System Spills	-----	€
<input type="checkbox"/> Expert and technical fees	-----	€

CAPITAL UPDATE, CLAUSES AND OTHER SPECIAL CONDITIONS TO APPLY TO THE CONTRACT

<input type="checkbox"/> Indexed capital update – Automatic capital update depending on the index published quarterly by Instituto de Seguros de Portugal [Portuguese Insurance Institute]
<input type="checkbox"/> Agreed capital update – Update by the end of each policy validity period using a target percentage: %
<input type="checkbox"/> Replacement value (equipment) – This Special Condition is only valid as long as the Policy includes the Special Condition “Automatic Capital Update”, notwithstanding its provisions.
<input type="checkbox"/> Floating policies
<input type="checkbox"/> Capital for Electrical Risks falling into 1 st Risk (the compensation limit mentioned shall be for 1 st risk, i.e. if the damage amount is less than the coverage capital limit, the compensation shall be limited to the amount of such damage. If the damage amount is greater than the coverage capital limit, the compensation shall be equal to that limit)

RISK LOCATION

Address:	
Postal Code:	City/Town:
Civil Parish:	Municipality:

Policyholder/Insured Person _____

RISK LOCATION

Construction year / Total reconstruction:		Construction Type: <input type="checkbox"/> Non-combustible materials <input type="checkbox"/> Other:	
Role: <input type="checkbox"/> Professional <input type="checkbox"/> Housing	Unoccupied/vacant building: <input type="checkbox"/> No <input type="checkbox"/> Yes	Proximity to streams < 50 metres: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Fire safety measures: <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> AFD <input type="checkbox"/> FFS <input type="checkbox"/> FFAS <input type="checkbox"/> FFS+AFD <input type="checkbox"/> AFD+FFAS			
Robbery safety measures: <input type="checkbox"/> Alarm without connection to the alarm centre <input type="checkbox"/> Alarm with connection to the alarm centre <input type="checkbox"/> Alarm with connection and video surveillance			
No. of Incidents in the last 5 years:	Affected coverage:	Total compensation amount:	

NOTES

Policyholder/Insured Person _____

AUTHORISATION FOR PREMIUM PAYMENT (DIRECT DEBIT/BANK TRANSFER)

Account Holder:

I authorise the Bank to pay to Ageas Portugal – Companhia de Seguros S.A. the premium relating to the Insurance subscribed through this Insurance Proposal and for the agreed period, by direct debit pursuant to the authorisation or, if the payment of the initial premium or the first instalment thereof is not compatible with that payment service considering the insurance start date and the Bank mentioned below is, at the same time, the Insurance Intermediary of this Insurance, by credit transfer to the account held by Ageas Portugal – Companhia de Seguros S.A., with IBAN PT5000330000000070606405, by debit to my account mentioned below.

Bank _____

Account number — IBAN _____

BIC SWIFT _____

Payment type: Recurring payment or One-off payment

By subscribing this authorisation, you are authorising (i) Ageas Portugal – Companhia de Seguros S.A. to send instructions to your Bank to debit your account and (ii) your Bank to debit your account in accordance with Ageas Portugal – Companhia de Seguros S.A.'s instructions.

Your rights, regarding the authorisation above, are explained in a statement you can obtain from your Bank and include the possibility of requesting the refund of the debited amount from your Bank, under the terms and conditions agreed upon with your Bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. We alert, however, that the fact that your Bank satisfies the refund request does not waive the obligation to pay the premium in question, nor any eventual liabilities arising from the consequent Insurance contract breach.

In the event of payment of any amounts arising from this insurance contract, the credit shall be made to the same account, unless expressly instructed otherwise.

In case of subscription on joint or mixed accounts, the joint holders have to explicitly agree on the subscription terms and this payment order should be signed in accordance with the current account's operation conditions.

Place and Date: _____, _____

Account Holder's signature: _____

(According to the Subscription Form, or Identification Document, and in accordance with the current account's operation conditions)

Policyholder/Insured Person _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

For the purpose of entering into this insurance contract, the Applicant/Policyholder and the Insured Person(s) declare that:

1. They became aware of the insurance contract's terms and conditions and were provided with all the necessary and legally required clarifications, declaring having received the annexes hereto: Insurance product information document and General and Special Conditions.
2. If applicable, this contract may be concluded by means of digital signature, according to the subscription agreement and digital signature previously entered into.
3. The risk you intend to insure has not been covered, in whole or in part, by any contract regarding which there is a premium, premium instalment or other amount due.
4. Omissions, inaccuracies and false statements, whether regarding to mandatory or optional data provision, shall be the responsibility of the Policyholder(s)/Insured Person.
5. They further authorise the Insurer to collect personal data relating to their own health from physicians or other healthcare professionals and from public or private organisations such as hospitals, clinics, medical offices, health centres, institutes of forensic medicine, even after their death, for the purpose of confirming or complementing the information provided at the time of or after subscribing this insurance, in order to assess the risk of underwriting the insurance or to manage the subsequent contractual relationship, namely for the purpose of determining the origin, cause and development of any illness or accident that may eventually lead to death or disability, and that they understand the essential nature of this authorisation for the entry into force of this insurance contract.

They also become aware that:

6. According to legal provisions, in case this Insurance Proposal is accepted, the risk coverage is only effective after paying the due premium or instalment.
7. Banco Comercial Português, S.A. (Millennium bcp) acts in the name and on behalf of the Insurer and its participation involves the provision of assistance throughout the term of the insurance contract. In the insurance contract there is no intervention from other insurance intermediaries. Millennium bcp holds an indirect interest of more than 10 % in the share capital of Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. companies. On the other hand, Fosun International Holdings Limited, that holds an indirect interest of more than 10 % in the share capital of Millennium bcp, indirectly holds qualified interest in several insurance companies belonging to Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., a Companhia Portuguesa de Resseguros, S.A. and Multicare - Seguros de Saúde, S.A. However, Millennium bcp does not sell insurance products from insurance companies belonging to Fidelidade Group. Millennium bcp provides advice. The information provided by the Policyholder regarding their requirements and needs is specified in the insurance proposal and/or in the application proposal, as well as in any additional simulations and questionnaires, and such requirements and needs have guided the advice provided, which is based solely on the analysis of the insurance contracts between distributors with whom the agent has close relationships. Millennium bcp, as insurance agent, has a contractual obligation to exclusively perform insurance distribution activities for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ageas Portugal - Companhia de Seguros S.A. and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. as well as Ageas – Sociedade Gestora de Fundos de Pensões, S.A. However, in certain cases, pursuant to the terms and conditions contractually foreseen, Millennium bcp may carry out the insurance distribution activity for other Insurers. The Intermediary is not directly remunerated by the Policyholder for distribution activities.

Policyholder/Insured Person _____

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The Intermediary shall receive part of the management fee from the Insurer, as a remuneration fee regarding the insurance contract, notwithstanding the Insurer being able to grant benefits, which may or may not be of an economic nature, to individuals directly involved in the insurance distribution activity, benefits that are not granted based on a specific insurance contract. The Policyholder has the right to request information on the Intermediary's remuneration for the distribution service provision, and so, whenever requested, such information shall be provided to the Policyholder.

8. Complaints arising from the contract can be submitted in writing to the complaint's management department of the Non-Life Claims Insurer (namely through the email: reclamacoes@ocidental.pt), in the Complaints Book, to the Customer Ombudsman by email - provedor.ocidental@mm-advogados.com - and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre - www.cimpas.pt - or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.ocidental.pt.
9. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: centroatencaocliente@millenniumbcp.pt or through the Contact Center by phones 91 827 24 24 / 93 522 24 24 / 96 599 24 24 (cost of a call to the national mobile network) and (+ 351) 21 005 24 24 (cost of a call to the national fixed network). 24-hour personalized service. The cost of communications depends on the tariff agreed with your operator. You can also contact the Customer's Ombudsman, located at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto via e-mail provedoria.cliente@millenniumbcp.pt. Millennium bcp's Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental, hereinafter referred to as "Ocidental") is the personal data controller of the Policyholder (in case of being a natural person) or other Policyholder's representatives (in case of being a legal person), other insured persons and/or beneficiaries ("Data Subjects"), within the scope of subscribing insurance products, collected by means of this document, as well as the ones to be provided in the future, namely within the scope of claiming an incident, even though this personal data has been collected from third parties. The provided personal data are required for taking out and managing the insurance policy, namely to issue the policy, manage claims, and cancel the policy, and are processed solely for this(these) purpose(s). In this context, Ocidental handles the following categories of data: identification and contact data, health data, financial data and other data required to subscribe the insurance contract. In order to pursue the described purposes, Ocidental may communicate the personal data collected to subcontracting entities, business partners and entities in the insurance field, such as Associação Portuguesa de Seguradores [Portuguese Association of Insurers], insurance distributors and reinsurers. Ocidental may also communicate personal data when they deem such data communications as necessary or appropriate (i) in light of applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to satisfy requests made by public or government authorities. The provision of products and services by Ocidental may entail the transfer of personal data to third party countries (outside the European Union or the European Economic Area). In such cases, Ocidental will implement the necessary and appropriate measures to ensure the protection of any transferred personal data. Ocidental shall keep the data for the duration of the established contractual relationship, except if required by law to keep the data for a longer period. Data Subjects may, at any time, request access to their personal data, as well as their rectification, erasure or limitation of processing, their data portability or oppose to their processing (except for data strictly necessary for providing the service) upon written request to Ocidental to the email address apoiocliente@ocidental.pt or to the postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa (Portugal). If you wish to contact the Data Protection Officer, you can do so via the email address dpo@ocidental.pt. Without prejudice to any other administrative or judicial remedy, Data Subjects are entitled to submit a complaint to the CNPD (Portuguese Data Protection Authority) or to another competent supervisory authority pursuant to law, if they consider that their data is not being subject to a lawful processing by Ocidental. Ocidental may process personal data to assess the level of risk

Policyholder/Insured Person _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

associated with insurance underwriting based on automated (i.e. without human intervention) personal data processing, substantiating decisions that may have legal implications for the policyholder, in particular regarding the price of the insurance. To this end, Ocidental undertakes to take appropriate measures to safeguard the rights, freedoms and legitimate interests of data subjects, in particular the right to human intervention provided by Ocidental, to express their point of view, and challenge the decision in question.

By providing third party data, namely that of the insured person(s) and or beneficiary(ies), the Policyholder (either a natural or legal person) undertakes to provide information regarding the above described personal data processing, and for ensuring any applicable consent is provided.

With your consent (in case of being a natural person), Ocidental will use the data collected for sending promotional communications, disclose campaigns regarding products and services provided by Ocidental suitable to the data subject's profile.

With your consent, Ageas Portugal Group companies (namely: Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to your personal data, for the purpose of sending promotional communications, advertising promotional campaigns regarding your own products and services adjusted to your profile. Also, the companies above are individually responsible for the data processing they perform. You may, at any time, request access to your personal data, as well as the rectification, erasure or limitation of processing, your data portability or oppose processing upon written request to the companies responsible for the processing sent to the contact details above. You may also contact Ageas Portugal Group's DPO at dpo@ageas.pt. You can also manage any consents you have provided on your Reserved Area. If you would like to know more about how Ageas Portugal Group companies treat your personal data, please access the corresponding Privacy Policies on their respective websites.

The profile will be created based on demographic data, such as age, gender, area of residence, indicated personal preferences and your products. The profile will be adjusted over the course of the relationship you establish with any Ageas Portugal Group companies. Personal data will be retained for marketing purposes until such time as the data subject withdraws their consent. All our communications contain a link for the data subject to withdraw their consent, at any time, without invalidating processing performed until the withdrawal date, based on previously granted consent.

Policyholder/Insured Person

I consent that the companies belonging to Ageas Portugal Group (identified above) have access to my retained personal data within the scope of the relationship established with company(ies) belonging to Ageas Group, pursuant to the aforementioned provisions.

I consent to the processing of my personal data by the companies belonging to Ageas Portugal Group (identified above), for the purpose of receiving marketing communications through different communication channels, whether physical or digital, namely electronic notifications, letters, text messages (SMS) or emails pursuant to the aforementioned terms, described in detail in the multiple Privacy Policies available on their websites.

Place and Date: _____

Policyholder: _____

Insured Person: _____

The Branch: _____

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail.

Insurance Intermediary: Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 3.000.000.000,00 Euros – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: www.asf.com.pt. The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

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Insurer: Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, www.asf.com.pt.