

Réalisez jusqu'à 50 % d'économies sur l'assurance de votre prêt !



C : COURTAGE

Votre spécialiste en assurance de prêt



H A B I T A T

Loan Insurance



(*LnI Senior 2*)

Seniors

Loan Insurance from age 60

Subscription application - 2005/2006



■ For loans of €7,500 to €310,000

■ Reduced medical formalities

■ Subscription possible from age 60 (up to age 80)

■ "Bonus" services : removal and works and Remote monitoring





APRIL Assurances by your side

APRIL Assurances designs, manages and distributes simple and innovative insurance solutions, manages them with constant emphasis on reactivity and quality, and distributes them via a network of independent insurance consultants. With ISO 9001 version 2000 certification for its personal insurance design and management activities, APRIL Assurances puts customer satisfaction at the heart of its commitments.



A wide range of solutions

Highly diversified, they enable APRIL Assurances to offer a response to the widest possible range of insurance requirements : family, employees, borrowers, seniors, directors, the self-employed, students, travellers.

Providence

Providence
Health insurance and individual providence solutions.

Phone 0 891 46 9000
(€0,23inc. VAT/min)

Habitat

Loan insurance
and credit
offer solutions.

Phone 0 891 46 6000
(€0,23inc. VAT/min)

Company

Health insurance and
providence solutions for
companies, protection
for company directors.

Phone 04 72 36 75 35

Our commitment Your satisfaction

- Immediate processing of documentation for management within a maximum 24 hours.
- 94% of people insured are satisfied with APRIL Assurances* products and services,
- 96% of our insurance consultants would recommend APRIL Assurances to a colleague**.



In 2005 APRIL Assurances enters Top 25 companies "Best places to work" in France.

APRIL Assurances subsidiaries



Saving, retirement
and defiscalization solutions.



International insurance
solutions.



Automobile and home
insurance solutions.

Key facts

- APRIL Assurances founded in 1988,
- Division of APRIL GROUP, listed on the Paris bourse (SBF 120),
- Almost 1 million people insured individually or through their employers,
- 550 staff,
- 11,400 independent insurance consultants.

Your Insurance Consultant

C: COURTAGE
17 Villa du Petit Parc
94000 CRETEIL
Tél. : 01 45 17 68 68



Registered office,
27 rue Maurice Flandin - BP 3261
69403 Lyon Cedex 03
Fax 04 78 53 65 18 - Internet www.april.fr



APRIL ASSURANCES IS A DIVISION OF APRIL GROUP



(Lni Senior 2)

Loan Insurance from age 60

Subscription application

Insurance consultant no. 45455

 Fax sent on subscriber no. _____Are you already insured with APRIL Assurances YES NO**Stamp and signature of insurance consultant**C: COURTAGE
17 Villa du Petit Parc
94000 CRETEIL
Tél. : 01 45 17 68 68**PLEASE COMPLETE THIS SUBSCRIPTION APPLICATION IN BLOCK CAPITALS****Subscriber (if different from Insured 1)**Company name/Name : _____
Address : _____ Post code : _____ Town : _____**INSURED 1** Mr Mrs Ms

Name : _____ First name : _____ Date of birth _____

Are you an executive or entitled to the benefits of an AGIRC retirement scheme ? Yes No Profession : _____

Present address : _____ Post code _____ Town : _____

Phone (home) _____ Mobile _____ Email : _____

Planned date of removal : _____

Future address : _____ Post code _____ Town : _____**INSURED 2** Mr Mrs Ms

(correspondence for this subscription will only be sent to insured 1)

Name : _____ First name : _____ Date of birth _____

Are you an executive or entitled to the benefits of an AGIRC retirement scheme ? Yes No Profession : _____Residence in French Overseas Territories: Yes No**Characteristics of loan 1****Insurance start date (Date of signing loan offer) :** _____**Date of 1st repayment :** _____ If unknown, set it a fortnight before the presumed date of signature of the loan offer

If loan repayment other than monthly, please specify : _____

Loan amount	Total duration of loan (including deferred or advance payment period)	Rate type	Interest rate
_____ Euros	_____ months	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	_____ %

Type of loan : Classic Leasing Interest-only Flexible Bridging loan Staged loan
 Zero-interest loan Successive release Europlan Other : _____

Date de déblocage des fonds : _____

Deferred amortization or pre-payment period : No Yes Number of months : _____

Lending organisation

Name : _____ Address : _____ Post code : _____

Town : _____ Phone : _____ Fax : _____

If the delegation of benefit is to be sent to another address (branch or registered office), give details : _____

Address : _____ Post code : _____ Town : _____

Phone : _____ Fax : _____ Email : _____

If the beneficiary is not the lender, please send us the bank's written agreement and specify the beneficiary clause (example for downloading on Intrapril): _____

Direct debit authorisation

I authorise the establishment holding my account to debit the account, if its situation allows, with all debit amounts specified by the creditor shown opposite. In the case of a dispute on the debit amount I will be able to suspend execution by simple request to the establishment holding my account.

I will settle the dispute directly with the creditor.

Mandatory**Debtor**

Name : _____

First name : _____

Address : _____

Post code _____ Signature : _____

Town : _____

Date _____

The creditor : **APRIL Assurances** N° national issuer no. : 142 662
27 rue Maurice Flandin - BP 3261 - 69403 LYON CEDEX 03

Codes		Account to be debited	
Establishment	Branch no.	Account no.	Check code
_____	_____	_____	_____
Establishment holding account to be debited			
Name : _____			
Address : _____			
Post code _____ Town : _____			

**I send this form to the creditor,
attaching a bank or post office account
identification slip (RIB or RIP - mandatory)
(stapled to the back)**



Characteristics of loan 2		Insurance start date (Date of signing loan offer) : <input type="text"/>	
		Date of 1st repayment : <input type="text"/> If unknown, set it a fortnight before the presumed date of signature of the loan offer	
		If loan repayment other than monthly, please specify : _____	
Loan amount	Total duration of loan (including deferred or advance payment period)	Rate type	Interest rate
_____ Euros	<input type="text"/> months	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	_____ %
Type of loan :	<input type="checkbox"/> Classic <input type="checkbox"/> Zero-interest loan	<input type="checkbox"/> Leasing <input type="checkbox"/> Successive release	<input type="checkbox"/> Interest-only <input type="checkbox"/> Europlan
		<input type="checkbox"/> Flexible <input type="checkbox"/> Other : _____	<input type="checkbox"/> Bridging loan <input type="checkbox"/> Staged loan
Date de déblocage des fonds : <input type="text"/>			
Deferred amortization or pre-payment period : <input type="checkbox"/> No <input type="checkbox"/> Yes Number of months : <input type="text"/>			
Lending organisation	Name : _____ Address : _____ Post code : <input type="text"/>		
	Town : _____ Phone : <input type="text"/> Fax : <input type="text"/>		
	If the delegation of benefit is to be sent to another address (branch or registered office), give details : _____		
	Address : _____ Post code : <input type="text"/> Town : _____		
	Phone : <input type="text"/> Fax : <input type="text"/> Email : _____		
If the beneficiary is not the lender, please send us the bank's written agreement and specify the beneficiary clause (example for downloading on Intrapril): _____			

INSURED 1			INSURED 2		
	Death/TILA coverage rate (DC)	Total amount of premium inc. VAT (1)		Death/TILA coverage rate (DC)	Total amount of premium inc. VAT (1)
Loan 1	_____ %	_____ €	Loan 1	_____ %	_____ €
Loan 2	_____ %	_____ €	Loan 2	_____ %	_____ €
Non-smoking declaration Insured 1 (NF) <input type="checkbox"/> I declare on my honour that I do not smoke or stopped smoking at least 10 years prior to the date of signature of this application for insurance, and that I have not stopped smoking on doctor's orders. I undertake to inform the insurer if I start smoking again, even occasionally, during the contract term. The insurer reserves the right to carry out any check that it considers necessary during the contract term. (check then date and sign at the bottom of this page)			Non-smoking declaration Insured 2 (NF) <input type="checkbox"/> I declare on my honour that I do not smoke or stopped smoking at least 10 years prior to the date of signature of this application for insurance, and that I have not stopped smoking on doctor's orders. I undertake to inform the insurer if I start smoking again, even occasionally, during the contract term. The insurer reserves the right to carry out any check that it considers necessary during the contract term. (check then date and sign at the bottom of this page)		

(1) Indiqué sur votre étude personnalisée.

 If I have other loans: I complete the "Additional loans" form.

Payment by direct debit	
Frequency : <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> six-monthly <input type="checkbox"/> annual	Payment charge : €2.29 per payment
Indicate the day of the month for debiting your premium, between 1st and 10th. <input type="text"/>	
Subscription fee : €20 (This amount is not due if the subscriber is already insured with APRIL Assurances)	
<input type="checkbox"/> I attach a cheque in advance payment - amount € _____ (minimum €45) made out to APRIL Assurances.	

I apply for subscription to the APRIL Assurances "Association des Assurés" and its subscribed agreement with Axeria for loan insurance cover. I declare that I have been informed of the statutes and internal regulations of the APRIL Assurances "Association des Assurés". I declare that I have been informed of the general terms serving as information notice, reference PRES2 05-08/05, for my cover as attached to this subscription application, and in particular of my right to withdrawal, that I accept their provisions and have kept a copy of them, together with the terms applicable to APRIL Assurances management operations.

Within the framework of modification of my contract by means of an additional clause, I note that the general terms applicable are those of which I was informed on signature of the initial subscription application and referenced above.

I confirm that I have been informed that the information collected is necessary for the assessment and processing of my subscription application, and that the administrative information is subject to computer processing by April Assurances and the Insurer, or their authorised agent, for requirements associated with execution of my subscription to the contract. In accordance with the law of 6 January 1978 (modified), I have the right to access and, if necessary, rectify any information concerning me held in these files by writing to APRIL Assurances - 27 rue Maurice Flandin, 69003 Lyon.

APRIL Assurances may use certain administrative information and communicate this information to its partners, a list of which will be sent to me on request, in order to enable them to offer me new products or services. In accordance with the law of 6 January 1978 (modified), I can oppose such communication by simply writing to APRIL Assurances (at the above address), and the postage cost will be refunded to me.

I declare that I have been informed that my phone communications with April Assurances offices may be recorded for internal management purposes. I may obtain access to the records concerning me by sending a letter to the following address: APRIL Assurances, 27 rue Maurice Flandin, BP 3261, 69403 LYON CEDEX 03, it being understood that each record is kept for a maximum period of two months.

I, the undersigned, declare that I have answered the questions asked exactly and sincerely, and that I have not declared anything or omitted to declare anything that could mislead the April Assurances "Association des Assurés" Insurer.

Signed in _____ Date

Signature of Subscriber, preceded by the wording "read and approved"

Signature of Insured 1 preceded by the wording "read and approved"

Signature of Insured 2 preceded by the wording "read and approved"



Medical formalities

Capital insured in €	Age on subscription up to 80
From €7,500 to €75,000	Health questionnaire (9 questions)
From €75,001 to €150,000	Health questionnaire + Medical report
From €150,001 to €310,000	Standard medical documentation

Standard medical documentation : proposal with medical questionnaire + medical report + Blood profile 1 + cytobacteriological examination of urine and chemistry of urine + electrocardiogram with cardiologist's report.

Blood profile 1 : blood count, blood sedimentation rate, measurement of glycaemia, creatinine, urea, uric acid. Tests for anti-HIV1 and 2 antibodies by enzymology (2 reagents), hepatic enzyme profile (with Gamma GT, transaminases SGOT-SGPT, alkaline phosphatases), lipids profile (with total cholesterol, HDL, LDL, total cholesterol/HDL ratio, triglycerides), measurement of HBs antigens, anti-HBc antibodies, anti-HCV antibodies.