

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



LnL Solution

Special risks

For borrowers with insurance problems

Quotation request - 2005/2006



- Subscription possible up to age 70 for Death cover
- Maximum Capital insured in PTD/TTIW: €310,000
- "Bonus" services: removal, works and Remote monitoring
- Personalized quotation for: increased-risk illnesses, dangerous professions and high risk sports
- Capital from €15,000 to €1,220,000





Quotation request

Loan insurance special risks

insurance consultant no. _____

Fax sent (date) _____ subscriber no. _____

Are you already insured with APRIL Assurances YES NO

PLEASE COMPLETE THIS SUBSCRIPTION APPLICATION IN BLOCK CAPITALS

Stamp and signature of insurance consultant

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

Subscriber Company Private

Company name/Name: _____
Address: _____ Post code: _____ Town: _____

INSURED 1 Mr Mrs Ms

Name: _____ First name: _____ Date of birth _____

Social Security subdivision: Social Security Self-Employed Agricultural Other: _____

Status*: Executive Executive category Non-executive Profession Artisan Trader Farmer

Exact profession: _____ Activity sector: _____ Employer: _____

No. of business km/year (excluding journey between home and work): - 15 000 km/year + 15 000 km/year | Work abroad: if yes, Country: _____

Do you regularly handle loads in your work? Yes No | Frequency of trips abroad: _____

Do you work at a height of over 15 metres? Yes No

Work contract: Permanent work contract Fixed term contract Temporary worker Seasonal worker <1/2 time Suspension of work contract; reason: _____

Shared information Planned date of removal: _____

Present address: _____ Post Code _____ Town: _____

E-mail: _____ Phone (home) _____ Mobile _____

Future address: _____ Post Code _____ Town: _____

Loan characteristics

Insurance start date (Date of signing loan offer): _____ **Date of 1st repayment:** _____

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

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

Purpose of loan: Main residence Property purchase Rental investment Personal loan
 Professional investment Other: _____

If frequency other than monthly, please: _____

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

Are the loan repayments constant throughout the deferred period? Yes No

(if no, TTIW/PTD impossible for interest-only loans and loans with deferred amortization between 6 and 24 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: _____

If the beneficiary is not the lender, please send us the bank's written agreement and specify the beneficiary clause (e.g. available on Intrapril): _____

Characteristics of insurance

Insured	Death/TILA coverage rate(1) (DC)	TTIW/PTD coverage rate(2) (AT)
Loan cover	_____ %	_____ %

Payment by direct debit

Frequency: monthly quarterly six-monthly annual

Indicate the day of the month for debiting your premium, between 1st and 10th. _____

Payment charge: €2.29 per payment

Service charges: €45.73

I enclose a cheque in advance payment for the amount of (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 PREA 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
preceded by the wording "read and approved"

Professional questionnaire

For documents to be enclosed, please see the reverse of this page

In the case of professional risk, please complete the entire health questionnaire.

Name: First name: Age:

1	What is your job title?
2	What sector do you work in?
3	Please describe your tasks: a)
	b)
4	What is your workplace (in an office, outside, in a factory, etc.)?
5	What machines do you operate?
6	Are you exposed to difficult working conditions (dust, radiation, asbestos, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no
	If so, please provide full information
7	Do you need a licence or specific permit to perform your work (such as a driving licence, etc.) or a certificate of capability? <input type="checkbox"/> yes <input type="checkbox"/> no

8	Do your work activities include: <input type="checkbox"/> yes <input type="checkbox"/> no
	- works in port areas, at sea, underground, at a height or on pylons? If so, give details:
9	- handling toxic products, explosives, firearms? If so, give details:
	Do you travel expenses in the course of your work? If so, indicate:
	a) How many kilometres do you travel per week?
	b) Your transport method
	c) Do you travel outside France? <input type="checkbox"/> yes <input type="checkbox"/> no
	if yes, how much time do you spend abroad each year?

Signed in: _____
Date: ____/____/____

Signature of Insured

Sports questionnaire

In the case of sports risk, please complete the entire health questionnaire.

1	What sport(s) do you practise?	Which
2	Do you practise competitive sports? <input type="checkbox"/> oui <input type="checkbox"/> non	If so, at what level: (national, international, etc.)
		Frequency:

Signed in: _____
Date: ____/____/____

Signature of Insured

Direct debit authorisation

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

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.

A compléter obligatoirement **Mandatory Debtor**

Name:

First name:

Address:

Post Code: ____/____/____ Signature:

Town:

Date: ____/____/____

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)



I enclose

- **My subscription application: completed, dated and signed**
- **My direct debit authorisation: completed and signed**
- **My bank or post office account identification slip**
- **My cheque for the advance payment:
made out to APRIL Assurances**
- **Supporting medical documentation, etc.**

And after subscription?

Your subscription application is processed as soon as it is received by APRIL Assurances. Cover takes effect at the earliest the day after the date of receipt, subject to payment of the first premium. In the days following signature of your contract, your insurance consultant will give you your insurance documentation comprising:

- **The insured person's guide (practical information)**
 - **Your card with your insurance number**
 - **Your subscription certificate**
- **Your payment schedule (situation of your account)**



See the back of this sheet for direct debit authorisation to be completed and signed.



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 entres 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 "Second Marché" of the Paris bourse,
- 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



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27 rue Maurice Flandin - BP 3261
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