

Data query for travel insurance (*group offer*)



necessary information for calculation:

1. *Prior insurer*

- 1a Insurer at present _____
1b Premium at present per insured person _____ €/day/month
1c Duration of present contract until: _____

2. *Desired insurance coverage*

- health insurance
specifics _____
accident insurance max. _____ €
liability insurance max. _____ € deductible _____ €

3. *Group structure*

For a first calculation the following data of group are required:

- Data sheet of group (name, DOB, gender) sheet attached **or**
Number of people per year _____
Average number of adults and children (up to 15 years) A % _____ C % _____
Gender distribution m % _____ f % _____
Age (average, youngest/oldest person) a _____ min _____ max _____

4. *Sojourn facts*

- Sojourn time in days (average / maximum) a _____ max. _____
Country (countries) of destination _____
Country (countries) of origin _____
Reason for sojourn (i.e. job title, internship, guest) _____

5. *Further information*

- Deadline for offer _____
Possible begin of master policy _____
Contact person at Care Concept _____

Recipient:

Care Concept AG

Mr. Frank Brandenburg

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sender (contact person):