


 New Insurance

 Alteration

Policy

Branch

Employee

Intermediary 207074605

Banco Comercial Português S.A.

INSURANCE POLICYHOLDER (The person identified below who concludes the insurance contract and is liable for the payment of the premium)

Name:

Address:

Postal Code: -

Date of Birth: / /

City/Town:

Identity Card/Citizen Card:

Gender: M F

Taxpayer Number:

Marital Status:

Mobile:

E-mail:

Telephone (home):

E-mail 2:

AUTHORISATION FOR SENDING DOCUMENTATION/INFORMATION BY E-MAIL AND/OR TELEPHONE

Sending of documentation for contract management by e-mail

 Yes No

Sending of advertising by e-mail

 Yes No

Sending of documentation for contract management by mobile

 Yes No

Sending of advertising by mobile

 Yes No
START DATE, CONTRACT DURATION AND PREMIUM PAYMENT FREQUENCY

 Start Date: (Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalments)

 Premium Payment Annual Bi-annual Quarterly Monthly

Frequency: (*) The cost of the policy of €5.35 (includes legal charges) is added to the first receipt.

CAPACITY OF THE POLICYHOLDER:
 Owner Usufructuary * Landlord Tenant

 With Mortgage Creditor Entity: _____

Number Loan Contract: _____

*As Landlord it is only possible to subscribe building. As Tenant it is only possible to subscribe Contents. If Landlord or Tenant wishes to subscribe Building and Content, the capacity of USUFRUCTUARY should be selected.

OBJECT / SUM INSURED															
<input type="checkbox"/> Building	The building reconstruction value is calculated according to the place of risk, useful area and construction quality.														
<input type="checkbox"/> Contents	Common Contents Capital: _____ €														
	Special Objects (complete the table below)														
	<table border="1"> <thead> <tr> <th>Special Object</th> <th>Capital</th> </tr> </thead> <tbody> <tr> <td>a) Gold, silver, jewels and other objects of previous metal</td> <td>€</td> </tr> <tr> <td>b) Collections of coins or medals of previous metal</td> <td>€</td> </tr> <tr> <td>c) Painting and artistic work, antique porcelain and antiques</td> <td>€</td> </tr> <tr> <td>d) Collections of stamps, numismatic values or of any other type, in non-precious metal</td> <td>€</td> </tr> <tr> <td>e) Other movable assets of unit value above €1,000.00 provided that identified and valued in the insurance contract</td> <td>€</td> </tr> <tr> <td>Total</td> <td>€</td> </tr> </tbody> </table>	Special Object	Capital	a) Gold, silver, jewels and other objects of previous metal	€	b) Collections of coins or medals of previous metal	€	c) Painting and artistic work, antique porcelain and antiques	€	d) Collections of stamps, numismatic values or of any other type, in non-precious metal	€	e) Other movable assets of unit value above €1,000.00 provided that identified and valued in the insurance contract	€	Total	€
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Total	€														

PLACE OF RISK	
Address:	
Postal Code: _____ -	City/Town
Locality:	Municipality:

INFORMATION ABOUT THE RISK		
Year of construction / Total reconstruction: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nr. Rooms: _____ Nr. WCs: _____ <input type="checkbox"/> High <input type="checkbox"/> Luxury <input type="checkbox"/>	Construction Quality: Normal
Type of Housing: <input type="checkbox"/> Division <input type="checkbox"/> Detached	Annexes <input type="checkbox"/> Garage <input type="checkbox"/> Storage Area <input type="checkbox"/>	Proximity to water courses < 50 metres: <input type="checkbox"/> No <input type="checkbox"/> Yes
Useful Area: _____ m2	Exterior Construction Material: Non-combustible <input type="checkbox"/> Combustible <input type="checkbox"/> Mixed <input type="checkbox"/>	Type of Roofing: Plate <input type="checkbox"/> Beam & tiles <input type="checkbox"/> Fibre cement plate <input type="checkbox"/> Fibreglass <input type="checkbox"/>
Days Vacant: ≤ 60 days <input type="checkbox"/> > 60 days <input type="checkbox"/> Always vacant <input type="checkbox"/>	Type of Use: Principal <input type="checkbox"/> Secondary <input type="checkbox"/> Derelict <input type="checkbox"/>	
Safety measures against fire: <input type="checkbox"/> Extinguishers <input type="checkbox"/> SADI <input type="checkbox"/> RIA (SADI = automatic fire detection system; RIA = fire-fighting network)		
Safety measures against robbery: <input type="checkbox"/> Cylinder Lock <input type="checkbox"/> Security Bars <input type="checkbox"/> Fixed Laminate Window Shutters <input type="checkbox"/> Reinforced Door <input type="checkbox"/> Alarm System <input type="checkbox"/> Permanent Human Surveillance		
Number of claims in last 3 years: <input type="checkbox"/> <input type="checkbox"/>	Coverage(s) affected: _____	Total value of the indemnity: _____

OPTION, COVERAGE AND SUMS INSURED

BASE COVERAGE (See General Conditions)

BASE <input type="checkbox"/>	
Floods	<input type="checkbox"/>
Seismic Phenomena	<input type="checkbox"/>
Electrical Risks Building Capital _____ €	<input type="checkbox"/>
Contents Capital _____ €	
Ext. Electric Appliance Warranty	<input type="checkbox"/>
Damage to Outdoor Walls Capital _____ €	<input type="checkbox"/>

REGULAR <input type="checkbox"/>	
Seismic Phenomena	<input type="checkbox"/>
Electrical Risks Building Capital _____ €	<input type="checkbox"/>
Contents Capital _____ €	
Domestic Emergency (if Tenant)	<input type="checkbox"/>
Loss of Rents (if Landlord)	
Vehicles in Garage Capital _____ €	<input type="checkbox"/>
Ext. Electric Appliance Warranty	<input type="checkbox"/>
IT Assistance	<input type="checkbox"/>
Electric Assistance	<input type="checkbox"/>
Senior Assistance	<input type="checkbox"/>
Damage to Outdoor Walls Capital _____ €	<input type="checkbox"/>

PREMIUM <input type="checkbox"/>	
Electrical Risks Building Capital _____ €	V
Contents Capital _____ €	
Damage to Gardens and Plants Capital _____ €	<input type="checkbox"/>
Vehicles in Garage Capital _____ €	<input type="checkbox"/>
Swimming Pool Third Party Liability	<input type="checkbox"/>
Damage to Outdoor Walls Capital _____ €	<input type="checkbox"/>
Senior Assistance	<input type="checkbox"/>

Deductible €150	Selected Deductible €0 <input type="checkbox"/> €150 <input type="checkbox"/> €500 <input type="checkbox"/>
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The selected deductibles are applicable to the coverage of Floods, Storms, Damage due to Water, Theft or Robbery, Land Subsidence, Fall of Aircraft, Crash of Land Vehicles, Oil Spillage, Strikes, Acts of Vandalism, Vehicles in Garage, Damage to Outdoor Walls.

CAPITAL UPDATING, CLAUSES AND OTHER SPECIAL CONDITIONS APPLICABLE TO THE CONTRACT

- Capital indexed updating - Automatic updating of the sum insured according to the index published quarterly by the Portuguese Insurance Institute
- Capital agreed updating - Updating at the end of each policy enforcement period by the intended percentage: %

OBSERVATIONS

AUTHORISATION TO THE PREMIUM PAYMENT (DIRECT DEBIT/TRANSFER)

Account Holder: _____

I authorise the Bank to pay Ageas Portugal - Companhia de Seguros S.A. (brand Ocidental) the premium of the Insurance contracted through the current Proposal and at the agreed periodicity, by direct debit under the terms of the authorization or, if the payment of the initial premium or the first instalment is not compatible with this payment service due to the insurance start date and the Bank mentioned below is simultaneously the intermediary of the current insurance, by credit transfer to the account of Ageas Portugal - Companhia de Seguros S.A. (brand Ocidental) with IBAN PT5000330000000007060640, by debiting my account below mentioned.

Bank _____

Account Number – IBAN SWIFT Type of payment: Recurring payment or One-off payment

By subscribing this authorisation, you are authorising (i) Ageas Portugal - Companhia de Seguros S.A. (brand Ocidental) 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. (brand Ocidental)'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)

STATEMENTS, CONSENTS, DATE AND SIGNATURES

For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. If applicable, the current contract can be granted with the electronic signature, under the terms of the accession convention for the electronic signature that is previously registered.
3. The risk that is intended to be insured against was not covered, totally or partially, by any contract relative to which there is a premium, instalment of a premium or other amount in debt.
4. Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Insurance Policyholder and/or Insured Persons.

Insurance Policyholder/Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

The Proposer/Insurance Policyholder and Insured Persons(s) is(are) also aware that:

5. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
6. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively 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 for Ageas – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract. The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.
7. Complaints arising from the contract can be submitted in writing to the complaints management department of the Insurer, Non-Life Customer Support (namely through the email: apoioaocliente@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.
8. 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: centroatencaoaocliente@millenniumbcp.pt or through the Contact Center by phone 707 50 24 24. You may also contact the Provedoria do Cliente, at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto through the email provedoria.cliente@millenniumbcp.pt. The Millennium bcp Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Insurance Policyholder/Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental, Hereinafter referred to as "Ocidental") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Ocidental processes the following categories of data: identification and contact data, health data; financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Ocidental may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) considering the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Ocidental could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

In these cases, Ocidental will implement the necessary and appropriate measures considering the applicable law to ensure the protection of the personal data being transferred. Ocidental keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing (with the exception of data strictly necessary for the provision of the service) through written request addressed to Ocidental to the email apoioaocliente@ocidental.pt or postal address Rua Gonçalo Sampaio, 39, Apart. 4076, 4002-001 Porto. If you wish to contact the Data Protection Officer (DPO), please do so via the email dpo@ocidental.pt. Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a complaint to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Ocidental. Ocidental may process personal data in order to assess the level of risk associated to the insurance subscription based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Ocidental undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data Subjects, namely the right to obtain human intervention by Ocidental, express their point of view and contest the decision in question.

With the Data Subject's consent (if a natural person), Ocidental will use the collected data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis -

Insurance Policyholder/Insured Person: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile. These entities will act as autonomous processors for the processing that each carries out. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing through written request addressed to the entities responsible for the processing (processors) to the contacts indicated above. They may also contact the DPO of the Ageas Portugal Group through the email dpo@ageas.pt. You can also manage the consents that have provided through your Reserved Area. If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s).

Proposer/Insurance Policyholder and the Insured Person

- I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms previously referred.
- I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms previously referred and described in more detail in the various Privacy Policies available on their websites.

Place and Date: _____

The Proposer(s)/Insurance Policyholder(s): _____

The Agent/Broker: _____

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., a Company open to Public Investment - Registered Office: Praça D. João I, nº 28, 4000-295 Porto – Share Capital 4.725.000.000,00 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.

OCIDENTAL
grupo ageas
Insurer: Ageas Portugal – Companhia de Seguros, S.A. Public limited liability company, with head office at Rua Gonçalo Sampaio, 39, 4002-001 Porto, legal person number 503 454 109 and registered under this number at Lisbon Trade Register, with share capital of € 7,500.000.