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Name and surname of the person taking out insurance

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PESEL / passport no.

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E-mail address

DECLARATION ON TAKING OUT INSURANCE

1) I confirm that I have received the General Terms and Conditions of NNW [*personal accident insurance*] Insurance PZU Edukacja established by the resolution of the Board of Directors of Powszechny Zakład Ubezpieczeń Spółka Akcyjna No. UZ/423/2016 of 24 October 2016 as amended by the resolution of the Board of Directors of Powszechny Zakład Ubezpieczeń Spółka Akcyjna No. UZ/93/2017 of 7 April 2017 as amended by the resolution No. UZ/215/2018 of 6 July 2018, and that I have received before entering into the insurance agreement and before agreeing to finance the insurance premium:

- the document containing information about the insurance product
- the scope of the NNW insurance
- provisions additional to and different from the General Terms and Conditions of NNW Insurance
- the table of Percentage Standards for the Assessment of Permanent Impairment

2) I confirm that I have received the General Terms and Conditions of Collective Natural Persons Civil Liability Insurance in Private Life established by Resolution No. UZ/173/2019 of 5 July 2019. of the Management Board of Powszechny Zakład Ubezpieczeń Spółka Akcyjna with a document containing information about the insurance product, before entering into the insurance agreement and before agreeing to finance the insurance premium.

3) I have acquainted myself with the distributor disclosure requirements (DOR) and information about the processing of my personal data included information of the personal data controller PZU SA, NAU Profit sp. z o.o., NAU Broker Ubezpieczeniowy Sp. z o.o., which were made available on www.nnw-studentow.pl.

4) Providing my personal data is voluntary but necessary to enter into the insurance agreement.

5) I agree to take out the group accident insurance and civil liability insurance in private life under the conditions and terms described in point 1 and in point 2.

6) I declare that this insurance offer is consistent with my needs within the scope indicated above taking into consideration the premium I declare.

premium PLN 43 premium PLN 53

I acknowledge that if the premium is paid after 15.12.2023, the insurance coverage will commence from the date the premium is credited to the account of NAU Broker Ubezpieczeniowy Sp. z o.o. and will last until 30.09.2024.

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Legible signature of the person taking out insurance