**Wniosek**

**o zawarcie ubezpieczenia odpowiedzialności cywilnej przedsiębiorców wykonujących działalność z zakresu usługowego prowadzenia ksiąg rachunkowych**

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| **UBEZPIECZONY** | | | | | | | | | | | | | | |
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| **1)** | Nazwa podmiotu | | | |  | | | | | | | | | |
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| **2)** | Adres/siedziba | | | *ulica nr domu / nr lokalu* | | | | |  | *kod pocztowy* |  | *miejscowość* | | |
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| **3)** | NIP |  | | | |  | REGON |  | | | | | Telefon |  |
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| **4)** | e-mail | |  | | | | | | | | | | | |
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| **UBEZPIECZAJĄCY – płatnik składki**  **(wypełnić, gdy różni się od UBEZPIECZONEGO)** |

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| **5)** | Nazwa podmiotu | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6)** | Adres/siedziba | | | | | | | *ulica nr domu / nr lokalu* | | | | | | | | | | | | | | |  | | *kod pocztowy* | | | | | |  | *miejscowość* | | | | | | | | | | | | | | | |
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| **7)** | NIP | | |  | | | | | | | | | | | |  | | REGON | | |  | | | | | | | | | | | |  | | Telefon | | |  | | | | | | | | | |
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| **8)** | e-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WNIOSKUJĘ O UBEZPIECZENIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9)** | **od** | | |  | | | | | | | | |  |  | | | | | |  | | | | | | |  |  | | **do** |  | | | | | | | |  | |  | | | | | | |
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| **10)** | **W ZAKRESIE UBEZPIECZENIA OBOWIĄZKOWEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
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| **11)** | **W ZAKRESIE NADWYŻKOWEJ SUMY GWARANCYJNEJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
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|  | | | Wnioskowana suma gwarancyjna: ……………………………………………………………... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **12)** | | **W ZAKRESIE UBEZPIECZENIA DOBROWOLNEGO – KADY I PŁACE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
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| **13)** | | | **W ZAKRESIE UBEZPIECZENIA DOBROWOLNEGO – CZYNNOŚCI DORADZTWA PODATKOWEGO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **DANE DO WYLICZENIA SKŁADKI** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **13)** | | | Data rozpoczęcia działalności gospodarczej: ……………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **14)** | | | Przychód netto (bez VAT) za ostatni zamknięty rok z całej działalności objętej ubezpieczeniem (w razie braku takich danych ze względu na datę rozpoczęcia działalności – planowany przychód w okresie ubezpieczenia): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | ………………………………………………………………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | |
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| **15)** | | | Liczba i wartość odszkodowań wypłaconych w ciągu ostatnich 3 lat przez Ubezpieczonego w związku z jego odpowiedzialnością cywilną zawodową: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **16)** | | | Wnioskowane ubezpieczenie będzie kontynuacją aktualnej umowy w  AXA Ubezpieczenia TUiR S.A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ☐ | | | TAK | ☐ | NIE | | |
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|  | | | jeżeli TAK - prosimy o wpisanie numeru ostatniej polisy | | | | | | | | | | | | | | | | | | | | | | | | | | …………………………………………………………… | | | | | | | | | | | | | | | | | | |
| **14)** | | | Podmiot | | | ☐ | | | JEST | | | | | | | | ☐ | | NIE JEST | | | reprezentowany w SKwP - | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **15)** | | | Płatność składki | | | | | | | |  | ☐ | | | jednorazowo | | | | | | | | | ☐ | | w dwóch ratach | | | | | | | |  | | |  | | | | | | | | | | |
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| **OŚWIADCZENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Oświadczam, że zapoznałem/am się z warunkami ubezpieczenia odpowiedzialności cywilnej zawodowej UK/EO/000/28/04/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Wyrażam zgodę na przekazywanie informacji i dokumentów dotyczących umowy ubezpieczenia przed jej zawarciem, jak i po jej zawarciu na trwałym nośniku oraz z wykorzystaniem środków porozumiewania się na odległość, w szczególności na podany przeze mnie adres e-mail.* |
| Oświadczam, że otrzymałem Informacje dotyczące zasad przetwarzania danych osobowych |
| Oświadczam, iż przekazałem informacje dotyczące zasad przetwarzania danych osobowych osobom, których dane podałem we wniosku. |

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| *miejscowość, data* |  | *podpis i pieczęć Ubezpieczającego* |
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