

PILOT PROTECT ASSOCIATION SAAM EUROPE - INSURANCE QUOTE REQUEST

Our mission is to provide you with the best insurance solution to suit your needs. Thank you for filling in the form below (all fields marked with an asterisk are mandatory). You will receive a customized proposal by mail as soon as possible.*

I – ABOUT YOU

Gender*: M F

Name*: Surname(s)*:

Date of birth*: Nationality*:

Address*:

Zip Code*: City*: Country*:

Email*: Telephone*:

II – PROFESSIONAL SITUATION

Employer*: Employer's nationality*:

Profession*: Type of Licence*:

Date of last medical check-up*:

Nature of contract*: Open ended contract

Fixed term contract: *if checked; please precise,*

Start date: End date:

Activity rate* (%):

Net annual salary* (please precise currency):

III – YOUR COVERAGE

Please choose the covers you are interested in:

Death / Total and Irreversible Loss of Autonomy (*) Sum insured (€)*:

() Mandatory minimum: €50 000 – maximum: €600 000 within the limit of 5 times your annual net salary.*

Permanent Loss of Licence Sum insured (€)*:

Temporary Unfitness Desired excess period*: 30 days
 60 days
 90 days

Two options available (*): **Option A**: non-deduction of daily allowances
 Option B: deduction of daily allowances

() In case of Temporary Unfitness; following a Permanent Loss of Licence; the capital amount to be paid shall or shall not be reduced by all daily allowances paid by the Representative.*

Desired daily allowance (€) (*):

() The amount chosen must be between a minimum of €50 and a maximum of €500 per day. It should not exceed your net annual salary divided by 365.*