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| **2.** | | | | | **Allgemeine Angaben** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **2.1** | | | | | | **Geplante Einnahmen (Courtagen, Provisionen Honorare etc.) total in CHF:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
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| **2.2** | | | | | **Mitarbeitende** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **2.3** | | | | | | **Einnahmen aufgeteilt nach Tätigkeitsgebiet (in %):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | **Tätigkeitsfelder / Dienstleistungen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **in %** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.4** | | | | | | **Werden diese Tätigkeiten seit mindestens 3 Jahren ausgeübt?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | |  | | | | | | | | | | | Nein | | | | | | | | |  | |
|  | | | | | | Falls nein, seit wann werden die Tätigkeiten ausgeübt? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.5** | | | | | **Einnahmen aufgeteilt nach Kundensegment (in %):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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|  | | | | | | **Kundensegment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **in %** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.6** | | | | | **Inhaber / Partner / Geschäftsführer / sonstige Teilhaber:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | **Name / Vorname** | | | | | | | | | | | | | | | | | | | **Qualifikation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Funktion** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Wie lange in dieser Funktion?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.7** | | | | | **Mitarbeitende:** | | | | | | | | **Total aller Mitarbeitenden exkl. der oben erwähnten Inhaber /** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| **2.8** | | | | | **Qualifikation der Mitarbeiter exkl. der oben erwähnten Inhaber / Partner / Geschäftsführer, etc.:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | **mit Diplom (z.B. ETH-, Universitätsabschluss oder Höhere Fachhochschule)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **ohne Diplom** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Administration (z.B. Sekretariat)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2.9** | | | | **Hat in den letzten 5 Jahren der Name der Firma geändert oder hat in dieser Zeit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | **eine Fusion oder Übernahme stattgefunden?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | | | Falls ja, bitte machen Sie detaillierte Angaben? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.** | | | | | | | | **Revision und Risk Management** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **3.1** | | | | | | | | **Hat der Antragssteller eine externe Revisionsstelle?** Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | Nein | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | | Falls ja, bitte beantworten Sie Frage 3.2, sonst weiter mit 3.3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.2** | | | | | | | | **Sind in den letzten 2 Jahren in den Revisionsberichten** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | **Vorbehalte gemacht worden?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | | | | | | | | | | | | | | | | | Nein | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | | Falls ja, bitte beschreiben Sie diese Vorbehalte: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.3** | | | | | | | | **Welche Massnahmen wurden getroffen, um Ihr Haftungsrisiko zu mindern?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | Machen Sie bitte Angaben zu Ihrem Risk Management, interne Richtlinien / Compliance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.** | | **Zu versichernde Drittmandate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **Wünscht der Antragssteller, dass Mandate in Drittgesellschaften versichert werden?** Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Nein | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | Falls ja, bitte beantworten Sie die nachfolgend aufgeführten Fragen. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Name der Person** | | | | | | | **Name der Gesellschaft** | | | | | | | | | | | | | | | | | | | | | | | | | **Sitz der Gesellschaft** | | | | | | | | | | | | | | | | | **GL Funktion Ja / Nein** | | | | | | | | | | | | | **Börsen-kotiert**  **Ja / Nein** | | | | | | | | **Domizil-Gesellschaft Ja / Nein** | | | | | | | | | | | | | | | | | | | | **Handel**  **Herstellung**  **Dienstleist.** | | | | | | | | | | | | | | | | | | | | **Trusts**  **Stiftungen**  **Ja / Nein** | | | | | | | | |
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|  | | Für alle weiteren Mandate benützen Sie bitte ein separates Blatt. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.** | | | **Versicherungsdeckung und Schäden** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **5.1** | | | | | | | | **Bitte geben Sie Einzelheiten betreffend früherer Berufshaftpflicht-Versicherungen der letzten 2 Jahre an:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | | **Zeitdauer** | | **Versicherer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Limite** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Selbstbehalt** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Prämie** | | | | | | | | | | | | | |
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| **5.2** | | | | | | | | **Wurde irgendein Antrag für eine Berufsaftpflicht-Versicherung im Namen der Firma von** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **einer anderen Versicherungsgesellschaft abgelehnt?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | | | | | | | | | | | | | | | | | Nein | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | | | | | | Falls ja, geben Sie bitte die Gründe an: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.3** | | | | | | | | **Wurde dem Antragsteller je ein Vertrag gekündigt oder die Verlängerung verweigert?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | Falls ja, geben Sie bitte die Gründe an: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.4** | | | | | | | | **Gewünschte Versicherung:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **Versicherungssumme CHF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | pro Anspruch und Versicherungsperiode | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **Selbstbehalt CHF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | pro Anspruch | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **Versicherungsbeginn** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.5** | | | | | | | | **Wo sieht sich der Antragssteller der Gefahr von Ansprüchen gegen ihn ausgesetzt?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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| **5.6** | | | | | | | | **Sind in den letzten 5 Jahre Schadenfälle im Bereich der** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | **Berufshaftpflichtversicherung eingetreten?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | Falls ja, machen Sie bitte die nachfolgenden Angaben pro Schadenfall: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | **Schadenursache** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Schadendatum (\*)** | | | | | | | | | | | | | | | | | | | | | | | | | **Betrag** | | | | | | | | |
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|  | | | | | | | | (\*) Bei Serienschäden geben Sie bitte das Datum des ersten Schadens an. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5.7** | | | | | | | | **Hat der Antragstellen Kenntnis von Umständen oder Ereignissen, welche zu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | **einem Schadenanspruch unter der beantragten Versicherung führen könnten?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ja | | | | | | | | | | | | | | Nein | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | | Falls ja, machen Sie bitte detaillierte Angaben: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.** | | | **Bestätigung** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **Dieser Fragebogen ist durch ein Mitglied der Geschäftsleitung oder des Verwaltungsrates zu unterzeichnen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Der Unterzeichnete bestätigt, alle Fragen und Gefahrentatsachen wahrheitsgemäss beantwortet zu haben.**  **Er verpflichtet sich, alle wesentlichen Änderungen, die sich vor dem Abschluss der Versicherung ergeben, mitzuteilen.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Die Unterschrift verpflichtet nicht zum Abschluss einer Versicherung. Es ist jedoch vereinbart, dass bei einem Abschluss dieser Antrag zu einem Bestandteil der Police wird.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Der Unterzeichnete bestätigt, alle Fragen und Gefahrentatsachen wahrheitsgemäss beantwortet zu haben.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | **Ort und Datum:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **Name der Gesellschaft:** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **Name der Unterzeichnenden:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | **Unterschriften:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **7.** | **Beilagen** | | | | |  | | |  | |  |
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|  | **Bitte fügen Sie diesem Fragebogen die folgenden Dokumente bei:** | | | | | | | | | | |
| **1)** | **Letzter Jahresbericht und Geschäftsabschluss.** | | | | | | | | | | |
| **2)** | **Kopien von Musterverträgen oder Dienstleistungsvereinbarungen.** | | | | | | | | | | |
| **3)** | **Businessplan bei Start-ups.** | | | | | | | | | | |
| **4)** | **Lebensläufe der Inhaber / Partner / Geschäftsführer / sonstige Teilhaber.** | | | | | | | | | | |
| **5)** | **Prospekt / Informationsschrift / Broschüre.** | | | | | | | | | | |
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