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| **Liberty Mutual Insurance Europe SE** | | | | | | | | | | | | | | | | |
| Zweigniederlassung Zürich | | | | | | |  | Description: Liberty_Specialty_Markets_v7_RGB_2Color | | | | | | | | |
| Lintheschergasse 19 | | | |  | | |  |
| CH-8001 Zürich | | | |  | | |  |
| Tel.: +41 (0)44 285 10 00 | | | | | | |  |
| Fax: +41 (0)44 285 10 09 | | | | | | |  |
| www.libertyspecialtymarkets.com | | | |  | | |  |
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| **Fragebogen für eine Berufshaftpflichtversicherung für Versicherungs-Broker** | | | | | | | | | | | | | | | | |
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| Bitte beantworten Sie alle Fragen vollständig und lassen Sie keine leeren Stellen. | | | | | | | | | | | | | | | | |
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| **1.** | | **Antragssteller** | | | | |  | | |  | |  | |  | |  |
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| **1.1** | | **Name und Adresse des Antragstellers:** | | | | | | | |  | | | | | | |
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| **1.2** | | **Adresse der Website:** | | | | | | | |  | | | | | | |
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| **1.3** | | **Gründungsdatum:** | | | | | | | |  | | | | | | |
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| **1.4** | | **Tätigkeit / Betriebsbeschreibung:** | | | |  | | | |  | | | | | | |
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| **1.5** | | **Tochtergesellschaften:** | | | | | | | | | | |  | |  | |
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|  | | **Name der Tochtergesellschaft** | | | | | | | **Ort / Land** | | | | **Beteiligung (in %)** | | | |
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| **2.** | **Allgemeine Angaben** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |
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| **2.1** | | **Geplante Einnahmen (Courtagen, Provisionen,  Honorare etc.) total im laufenden Antragsjahr: CHF** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **2.2** | | **Einnahmen total im Vorjahr: CHF** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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|  | | **Falls die Differenz der Einnahmen zum Vorjahr mehr als + / - 10% beträgt,  bitte um Begründung:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| **2.3** | | **Einnahmen aufgeteilt nach Tätigkeitsgebiet (in %):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | **Tätigkeitsfelder / Dienstleistungen** | | | | | | | | | | | | | | | | | | | | | | | | | | | **in %** | | | | | | | | | | |  | | |
|  | | Lebensversicherung / BVG | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Nicht-Lebensversicherung | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Captive Management | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Rückversicherung | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Finanzberatung (Financial Services)  z.B. Vertrieb von Anlagefonds, Vermögensverwaltung | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Sonstiges  inkl. Rechtsberatung, techn. Risk Management, Schadenbehandlung etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
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| **2.4** | **Einnahmen aufgeteilt nach Kundensegment (in %):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
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|  | | **Kundensegment** | | | | | | | | | | | | | | | | | | | | | | | | | | | **in %** | | | | | | | | | | |  | | |
|  | | Firmenkunden | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
|  | | Privatkunden | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | |
| **2.5** | **Erbringen Sie Dienstleistungen auch im Ausland?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |
|  | Falls ja, in welchen Ländern / in % der Gesamtaktivität | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **Land** | | | | | | | | | | | | | | | | | | | | | | | | | | | **in %** | | | | | | | | | | |  | | |
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| **2.6** | **Mitarbeitende (ohne Inhaber etc., gem. 2.7):** | | | | | | | | | | | | | **Total aller Mitarbeitenden:** | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  |
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|  |  | | | | | | | | **Vollzeit** | | | | | | | **Teilzeit** | | | | | | | | | **Temporär** | | | | | | | | | **Total** | | | | | | | | |
|  | **Schweiz / Liechtenstein** | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
|  | **andere Länder** | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |
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| **2.7** | **Inhaber / Partner / Geschäftsführer / sonstige Teilhaber:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | **Name / Vorname** | | | | | | | **Qualifikation** | | | | | | | | | | | **Funktion** | | | | | | | | | | | | **Wie lange in dieser Funktion?** | | | | | | | | | | | |
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| **2.8** | **Qualifikation der Mitarbeiter:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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|  | **mit Diplom oder Fachausweis (inkl. Universitätsabschluss oder Höhere Fachhochschule)** | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | | |
|  | **ohne Diplom oder Fachausweis** | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | | |
|  | **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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| **2.10** | **Ist der Antragsteller (teilweise) auch als Agent einer Versicherungsgesellschaft oder (für einzelne Versicherungszweige) auch als gebundener Versicherungs-vermittler tätig?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
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| **2.11** | **Hat der Antragsteller (teilweise) Zeichnungs- oder Schadenerledigungs-vollmacht für einen Versicherer, inklusive Lloyd’s of London?** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | |
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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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| **3.4** | | **Prüfen Sie die finanzielle Stabilität der Versicherer, bei denen Sie**  **Versicherungsverträge platzieren?** Ja | | | | | | | | | | | | | | | | | |  | | Nein | | | |  | |
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| **3.5** | | **Werden alle Versicherungsverträge bzw. Deckungszusagen von einem Geschäftsführer/Partner/ Inhaber geprüft?** Ja | | | | | | | | | | | | | | | | | |  | | Nein | | | |  | |
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| **4.** | **Zu versichernde Drittmandate** | | | | | | | | | |  | | | | |  | | | | | | |  | |
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|  | **Wünscht der Antragssteller, dass Mandate in Drittgesellschaften versichert werden?** Ja | | | | | | | | | | | | | |  | | | | Nein | |  | | |
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|  | 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?** | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | Ja | | | | | | | | Nein | | | | | |  | | | |
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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 | | | | | | |  | | |
|  | |  | |  | |  | | |  | | | |  | | | | | |  | | | |  | | | | | | |
|  | | 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)** | **Prospekt / Informationsschrift / Broschüre** | | | | | | | | | | |
| **5)** | **Lebensläufe der Inhaber / Partner / Geschäftsführer / sonstige Teilhaber** | | | | | | | | | | |
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