

Collective solutions

Household contents and residential insurance



I am interested in the collective solutions and would like to receive a non-binding offer.

My household is insured by: _____

Policy number: _____ Expiry date: _____

Personal data

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms	Date of birth: _____
Last name: _____	First name: _____
Street: _____	House number: _____
Postcode: _____	Place: _____
Country: _____	Nationality/ies: _____
E-mail: _____	Phone: _____

Your household

Number of people living in your household: _____ thereof children under the age of 15: _____

Number of rooms: _____

Status: tenant house owner condominium owner

Type of property: detached house apartment building holiday home

commercial property _____

Construction: wood bricks/concrete

Distance to nearest hydrant: < 100 m more

Desired insurance coverage

Household insurance

Desired insurance sum in CHF: _____

Desired additional coverage: glass luggage

ordinary theft in CHF: _____

Personal liability

Desired insurance sum: CHF 10 million CHF 5 million

Driving third party vehicles: include exclude

I wish to insure the following special risks (e.g. riding rented horses, hunting, flying model planes, teaching or working in sideline jobs):



Building insurance

Desired additional coverage: fire water glass theft/damage third party liability

Year of construction: _____ insurance sum (according to the last appraisal) in CHF: _____

Flat roof: yes no Floor/roof heating: yes no

Special risks (e.g. solar system, geothermal heating, swimming pool, park/gardens):

yes (please specify): _____ Insurance sum (according to the last appraisal) in CHF: _____

Legal protection insurance

Desired coverage: private/mobility mobility only

Number plate: _____

▶ Please fill out this form completely and return it together with a copy of your current insurance policy/ies and the last premium invoice(s):

VZ VersicherungsZentrum AG

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8002 Zurich

Phone: +41 (0)44 207 20 20

E-mail: versicherung@vzch.com

Date:

