**Order placement protocol**

Date: Consultant:

**Personal data of the client**

|  |  |
| --- | --- |
| **Name:** | **Company registration no.:** |
| **Address:** | **VAT number:** |
| **Telephone number:** | **DOB / Social Insurance no.:** |
| **Email:** | **Miscellaneous:** |
| **Customer is: 🞎** Consumer **🞎** Entrepreneur **🞎**Freelancer | **First contact through: 🞎** Customer **🞎**Broker |

**Type of order**

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| --- | --- | --- |
| Full representation in all insurance matters | **YES 🞎** | **NO 🞎** |
| Individual order according to risk list | **YES 🞎** | **NO 🞎** |
| **A further order placement is not desired and is therefore excluded.** **There is no liability for all unsolicited and unaccepted orders.****REMUNERATION: The insurance broker is remunerated from commissions included in the insurance premium.** |

**Scope of order**

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| The catalogue of services including the associated obligations of the insurance broker and the customer can be found in the Brokers Act and the General Terms and Conditions of Business of the Austrian insurance brokers. Contrary to this, the insurance broker's protection of interests is extended and/or restricted to and/or by the following benefits: |
| Reporting and notification of legal acts to the customer (§28 para. 4 Broker Act)  | **YES 🞎** | **NO 🞎** |
| Review of the insurance policy (§ 28 para. 5 Broker Act)  | **YES 🞎** | **NO 🞎** |
| The insurance broker is responsible for settling claims (§ 28 para. 6 Broker Act) | **YES 🞎** | **NO 🞎** |
| Periodic review of existing insurance contracts (§ 28 para. 7 Broker Act) | **YES 🞎** | **NO 🞎** |
| Entitlement to receive premiums for insurance undertakings or amounts intended for the insurance customer | **YES 🞎** | **NO 🞎** |
| **The advice given is based exclusively on a balanced analysis of a sufficient number of products on the Austrian market. A further order placement is not desired and is therefore excluded.** |

**Legal information obligations**

|  |  |
| --- | --- |
| **Register entry:** Federal Ministry for Digitization and Business Location Stubenring 1, 1010 Viennawww.gisa.gv.at/versicherungsvermittlerregister | **Complaints Office:** Federal Ministry of Science, Research and Economics, Dept. I/7 Stubenring 1, 1010 Viennawww.bmwfw.gv.at/ |
| **The insurance broker does not hold an interest in an insurance company, nor does an insurance company hold an interest in the insurance broker.** |

Messages reach the insurance broker legally during office hours Mo. - Fr. 9 am – 3 pm. Any declarations made by the customer are made at the customer's risk and the customer bears the risk in communication, especially in the context of electronic communication. In case of doubt, the customer is required to request access to his statement by telephone.

**Data processing:** The insurance customer acknowledges that the personal data disclosed by him in the contextof order fulfillment are processed automatically byinsurance brokers. These data will only be passed on to third parties in compliance with thecontractual obligation. |||UNTRANSLATED\_CONTENT\_START|||Der Versicherungskunde wurde darüberaufgeklärt, dass er ein jederzeitiges Recht auf Auskunft und auf Löschung seinerpersonenbezogenen Daten hat.|||UNTRANSLATED\_CONTENT\_END||| |||UNTRANSLATED\_CONTENT\_START|||Ein datenschutzrechtliches Auskunftsbegehren ist, unterBeilegung eines Identitätsnachweises, an die eMail-Adresse bzw Post-Adresse [Email: office@vbk.co.at/ Wagramerstr.|||UNTRANSLATED\_CONTENT\_END||| 25/3/2, 1220 Vienna] .

**Communication:**  The insurance customer agrees that the insurance broker specified above is entitled to contact them for information and advertising purposes by fax, email, telephone, and SMS in accordance with § 107 Telecommunications Act 2003.

**Documents issued from Documents:**

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| **🞎** Power of attorney for insurance brokers and consultants in insurance matters / insurance broker contract**🞎** General Terms and Conditions of Austrian Insurance Brokers / **🞎** Protocol of order placement**🞎** Risk list / **🞎** Consulting protocol / **🞎** IPID standardised information sheet (Art. 20 para. 5 IDD, VO to IPID) |

**The basis of the assignment has been laid down and expressly acknowledged.**

**Consultation period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Place, date Insurance broker Insurance customer