HASIČSKÁ VZÁJEMNÁ POJIŠŤOVNA

Římská 2135/45, 120 00 Praha 2
entered in the Commercial Register maintained of the Municipal Court in Prague,
file B 2742
Company Number: 46973451 Taxpayer Identification Number: CZ46973451
tel.: +420 222 119 119 info@hvp.cz

APPLICATION TO AMEND / TERMINATE THE INSURANCE CONTRACT

Insurance contract number: ..... **Personal number:** .....

First name and surname / trade name of the applicant: .....

Applicant's relationship to the insurance contract: .....

Contact details: telephone: ..... e-mail: .....

Account number (if the handling of the application might be related to settlement of the premium - **mandatory**):

.....

1. **I request the following amendment/correction to the insurance contract** (tick the requested change):

☐ **First names, surnames of** the Policyholder ☐ the Insured ☐

New first name and surname: .....

☐ **Trade name of the Policyholder – assuming the same Company Number** (e.g. change from spol. s r.o. to a.s.):

New trade name: .....

☐ **Addresses** the Policyholder ☐ the Insured ☐

☐ New permanent address: .....

☐ New correspondence address: .....

☐ **E-mail address/telephone number:** new: .....

☐ **Other amendment/correction** (describe in your own words):

Requested: .....

2. **I request the termination of the insurance contract:**

☐ **Before the beginning of the duration of cover.**

Specify the reason for termination: .....

☐ **After the beginning of the duration of cover.**

Specify the reason for termination: .....

☐ **When changing insurance.**

Specify the reason for the change: .....

☐ **Termination within 2 months of the date of concluding the insurance contract with an eight-day notice period according to Section 2805 of Act No. 89/2012 Sb.**

☐ **Termination for another reason.**

Please state the reason: .....

In ..... on .....

.....
Policyholder's signature