BATI.CH

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Household Insurance and Private Liability Policy Application Form

Policyholder

First name : ..... Last name : .....

Street : ..... City, Postal Code : .....

Country : ..... Nationality : .....

Residence Permit (F-B) : ..... Occupation : .....

Date of birth: ..... Gender (circle): M F

Housing

Street : ..... City, Postal Code : .....

Number of rooms : ..... Number of people : .....

Contact

Email : ..... Phone number : .....

Location, Date : .....

Signature : .....