

Application Form

Jurkowitsch LOL HDI Global
Individual Loss of Licence Insurance

INSURER HDI Global Specialty SE,
Roderbruchstraße 26, 30655 Hannover
Registered Office: HR Hannover B 211924

POLICYHOLDER Jurkowitsch GmbH
1300 Vienna International Airport, Office Park 3 1st Floor Top145
Company no. (FN) 118887i • Vienna Commercial Court
Email: office@jurkowitsch.eu - www.jurkowitsch.eu

BROKER Forsikringsmæglerne på Roskilde Lufthavn A/S
Insurance Brokers at Roskilde Airport
Lufthavnsvej 46, DK-4000 Roskilde
Telephone: +45 7020 1927 - Fax: +45 7020 1926 – Mobile: +45 2015 1927
E-mail: maegler@simons1.dk – www.simons1.dk

INTERNATIONAL INDIVIDUAL PROPOSAL FORM FOR LOSS OF COMMERCIAL FLYING LICENCE INSURANCE

PART 1 - INSTRUCTIONS AND UNDERTAKINGS:

1. All sections of this proposal form **MUST** be completed in full in **ENGLISH**.
2. The Insurer relies on the proposal form containing all material information about you and that the information is true and complete. Material information is **anything** that may influence the Insurers decision to issue a policy or not or to decide on what terms a policy will be offered to you. If you are unsure if something is material, you **must** disclose it.
3. If there is any change in the information declared after the date you sign this proposal form and before any cover offered by the Insurer commences, you must advise the Insurer immediately. The Insurer may alter the terms quoted to you in such circumstances.
4. If you do not make a true and complete disclosure of material information, the Insurer may at their election cancel your policy or modify the terms on which it was issued. It will also prejudice your ability to claim under the policy.

DATA PROTECTION

HDI Global Specialty SE ("the Insurer")

The information provided on this form, together with medical and any other information obtained from you or from other parties about you in connection with this policy, will be used by the Insurer for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management, rehabilitation and customer concerns handling) and fraud protection and detection.

Information may be transferred overseas for these purposes.

Information may be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal data.

By completing and submitting this form, you consent to the processing of any personal data about you, including sensitive personal data, the transfer of such personal data about you overseas for these purposes as set out in this notice by the Insurer and such third parties and any other data controllers to which the personal data are transferred or disclosed for these purposes.

Your personal data will only be available to those who need to see it. For example, sensitive data, such as medical records will be used for the purposes of underwriting or claim management and rehabilitation only.

We are committed to working with you to obtain a fair resolution of any complaint or concern about privacy. If, however, you believe that we have not been able to assist with your complaint or concern, you have the right to make a complaint to the Bundesanstalt für Finanzdienstleistungsaufsicht (BaFin) Sektor Versicherungsaufsicht Grauheindorfer Str. 108 D-53117 Bonn E-mail: poststelle@bafin.de.

For more information about how we process your personal information, please see our full privacy notice at: <https://www.hdi-specialty.com/int/en/legals/privacy>

You are entitled to a copy of all your personal data upon receipt of a written request to the following address:

HDI Global Specialty SE, Roderbruchstraße 26, DE-30655 Hannover
Jurkowitsch GmbH, AT-1300 Vienna International Airport, Office Park 3 1st Floor Top145
Insurance Brokers at Roskilde Airport, Lufthavnsvej 46, DK-4000 Roskilde

PART 2 - PERSONAL INFORMATION:

1. Surname:	<input type="text"/>
2. First name(s):	<input type="text"/>
3. Rank:	<input type="text"/>
4. Address: (in full)	<div style="border: 1px solid black; height: 80px; position: relative;"> <div style="position: absolute; bottom: 10px; right: 10px; color: #ccc;">Post/Zip Code:</div> </div>
5. Telephone/Mobile Number:	<input type="text"/>
6. Email:	<input type="text"/>
7. Date of birth: (dd/mm/yyyy)	<input type="text"/>
8. Gender:	<input type="text"/>
9. Nationality	<input type="text"/>
10. Main employer:	<input type="text"/>
11. Occupation Type:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self employed <input type="checkbox"/> Pilot trainee - maximum insurance sum € 100,000 - but capped at the actual, demonstrable training costs. No temporary benefits.
12. Annual taxable earned income from your main employer:	<input type="text" value="(ccy)"/>
13. Any other earned income from flying:	<input type="text" value="(ccy)"/>
14. During a period of disability, does your employer provide contractual sick pay? If YES , how much and for how long:	<div style="text-align: right;"> <input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/> </div> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>
15. During a period of disability are you entitled to benefit from any other loss of licence, disablement or accident insurance policy which pays a temporary benefit? If YES , how much and for how long:	<div style="text-align: right;"> <input type="text" value="Yes"/> <input type="text"/> <input type="text" value="No"/> <input type="text"/> </div> <div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>

16. During a period of disability will you receive any other regular income?
 If **YES**, how much and for how long:

Yes ☐ No ☐

17. Are you entitled to benefit from any other loss of licence, disablement or accident insurance policy which pays a lump sum benefit only?

If **YES**, please give name of insurer(s), policy number(s) and benefit payable.

Yes ☐ No ☐

18. Type of aircraft flown: (please tick all which apply):

Fixed Wing	<input type="checkbox"/>
Rotor Wing (On Shore)	<input type="checkbox"/>
Rotor Wing (Off Shore)	<input type="checkbox"/>

19. All current licences held: (Please specify type, number, country of issue and whether any limitations apply or have applied previously)

Type	Number	Country of Issue	Limitations (yes or no)

Please give details of any licence limitations in – **SUPPLEMENTARY INFORMATION**

PART 3 - BASIS OF COVER:

20. Date cover to commence: (dd/mmm/yyyy) up to **31.03.2021**
 with an opportunity of prolongation

21. Sum to be insured EUR:

22. Would you like to add temporary benefit (TTD) cover (not possible for pilot trainee)?
 2% of the Lump Sum amount for a maximum of 24 months

Yes ☐ No ☐

Would you like to add MENTAL MODUL cover (not possible for pilot trainee)

Yes ☐ No ☐

23. Annual premium EUR

24. Please state if this Proposal is: (Please tick which applies)

a) your first proposal to this company ☐

or

b) an additional amount to an existing insurance ☐

(if b) state existing Policy No. and amount insured and insurer)

PART 4 - MEDICAL INFORMATION:

25. Do you hold a current medical certificate? Yes ☐ No ☐

26. What is your height: (cm) What is your current weight: (kg)

27. Has there been any significant change in weight in the last three years? (\pm 5kg) Yes ☐ No ☐
If **YES**, please give details:

28. Date of last aircrew medical examination: (dd/mmm/yyyy)

Were you advised of any abnormality, referred for additional tests, specialist examination or asked to follow any treatment or diet plan?

Yes ☐ No ☐

If **YES**, please give details:

29. Date of last electrocardiograph taken as required by the Licensing Authority:(dd/mmm/yyyy)

Were you advised of any abnormality, referred for additional tests, specialist examination or asked to follow any treatment plan?

Yes ☐ No ☐

If **YES**, please give details:

30. Have you been investigated, diagnosed or treated for any of the following:

a) Cancer, leukaemia, Hodgkin's disease, lymphoma, or any malignant condition? Yes ☐ No ☐

b) A mole or freckle that has bled, caused pain or changed in appearance or any lump or growth? Yes ☐ No ☐

c) Heart disease (including heart attack, angina, valve defect, heart defects from birth or heart surgery)? Yes ☐ No ☐

d) Chest pain, irregular heart beat, raised blood pressure or raised cholesterol? Yes ☐ No ☐

e) Any other chest complaint? Yes ☐ No ☐

f) Disease or disorder of the arteries (including disease in the legs or of the aorta)? Yes ☐ No ☐

g) Stroke, Transient Ischaemic Attack [TIA], brain haemorrhage or brain injury? Yes ☐ No ☐

h) Asthma, bronchitis, lung or any other respiratory disorder? Yes ☐ No ☐

i) Multiple Sclerosis, optic or retrobulbar neuritis, Parkinson's disease, paralysis, epilepsy, Alzheimer's Disease, dementia, bell's palsy or cerebral palsy? Yes ☐ No ☐

- j) Any other disorder of the central nervous system not already mentioned? Yes ☐ No ☐
- k) Numbness, loss of feeling or tingling of the limbs or face, loss of balance or coordination? Yes ☐ No ☐
- l) Seizures, fits, fainting, unexplained loss of consciousness or blackouts? Yes ☐ No ☐
- m) Mental illness or psychological problems that have required any kind of medical attention, time off work, hospital treatment or referral to a psychiatrist? Yes ☐ No ☐
- n) Depression, anxiety, stress, insomnia, fatigue (including chronic fatigue syndrome [CFS] / myalgic encephalopathy [ME]) or nervous breakdown? Yes ☐ No ☐
- o) Any disorder of the eyes or ears including blurred or double vision, or impaired hearing? Diopters? Yes ☐ No ☐
L ☐ R ☐
- p) Gout, arthritis, back pain, sciatica, neck, knee or wrist pain? Yes ☐ No ☐
- q) Any other disorder of the joints, bones or muscles (including repetitive strain injury)? Yes ☐ No ☐
- r) Diabetes, abnormal glucose tolerance or sugar in the urine? Yes ☐ No ☐
- s) Disorder of the kidneys, bladder, or the genitourinary system (including blood or protein in the urine and urinary tract infections)? Yes ☐ No ☐
- t) Any disorder of the digestive system, gall bladder, liver, stomach, spleen, pancreas, bowel (including ulcers, hepatitis, colitis or Crohn's disease or any other form of bowel disease)? Yes ☐ No ☐
- u) Any blood disorder or anaemia? Yes ☐ No ☐
- v) Thyroid or other glandular disorder? Yes ☐ No ☐
- w) Any gynaecological, menstrual or breast problems (eg breast lumps)? (female applicants only) Yes ☐ No ☐
- x) Any prostate problems or problems relating to the breast tissue? (male applicants only) Yes ☐ No ☐
- y) Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test? Yes ☐ No ☐
- z) Any disease which was transmitted sexually? Yes ☐ No ☐
- aa) Are you currently taking any form of medication, prescribed or otherwise or following any special diet or treatment or have you taken any form of medication for longer than 21 days? Yes ☐ No ☐
- bb) Do you have any further disclosures to make with regard to any medical investigation, test or consultation, advice, counselling, operation, medication or treatment that you have had or been advised to have or are currently having, but have not already mentioned? Yes ☐ No ☐

If you have answered **YES** to any of the above, please provide further information regarding the condition, including treatment (whether proposed or received), medication (whether proposed or received) and prognosis in **SUPPLEMENTARY INFORMATION**

SUPPLEMENTARY INFORMATION:

Which question does this information relate to?

Date of occurrence (if more than one episode, please give all dates):

Diagnosis (suspected or confirmed):

Details of any treatment/medication received:

Periods off work (if no time off work, the duration of the problem):

If you had time off work, were the Licencing Authorities advised of your condition? **YES/NO** (please delete as applicable). If **YES**, please give details of all formal groundings and any licence limitations imposed:

Is any further problem or treatment anticipated? **YES/NO** (please delete as applicable). If **YES** please give further details:

If no further problem or treatment anticipated, has a full recovery been made? **YES/NO** (please delete as applicable). If **NO** please give further details:

Which question does this information relate to?

Date of occurrence (if more than one episode, please give all dates):

Diagnosis (suspected or confirmed):

Details of any treatment/medication received:

Periods off work (if no time off work, the duration of the problem):

If you had time off work, were the Licencing Authorities advised of your condition? **YES/NO** (please delete as applicable). If **YES**, please give details of all formal groundings and any licence limitations imposed:

Is any further problem or treatment anticipated? **YES/NO** (please delete as applicable). If **YES** please give further details:

If no further problem or treatment anticipated, has a full recovery been made? **YES/NO** (please delete as applicable). If **NO** please give further details:

SUPPLEMENTARY INFORMATION:

Which question does this information relate to?

Date of occurrence (if more than one episode, please give all dates):

Diagnosis (suspected or confirmed):

Details of any treatment/medication received:

Periods off work (if no time off work, the duration of the problem):

If you had time off work, were the Licencing Authorities advised of your condition? **YES/NO** (please delete as applicable). If **YES**, please give details of all formal groundings and any licence limitations imposed:

Is any further problem or treatment anticipated? **YES/NO** (please delete as applicable). If **YES** please give further details:

If no further problem or treatment anticipated, has a full recovery been made? **YES/NO** (please delete as applicable). If **NO** please give further details:

FREE TEXT AREA BELOW FOR ANY ADDITIONAL INFORMATION TO BE DECLARED:

31. During the last 5 years have you been off work, unable to carry out your normal duties due to sickness or injury for more than 21 days at any one time, other than previously stated?

Yes ☐ No ☐

If **YES**, please give details:

32. Are you aware of any symptoms or complaints for which you have not consulted a doctor or received treatment?

Yes ☐ No ☐

If **YES**, please give details:

33. Have you ever been advised by your doctor or another medical practitioner to drink less alcohol?

Yes ☐ No ☐

If **YES**, please give details:

34. Have you used any form of tobacco or nicotine products in the last 12 months?

Yes ☐ No ☐

If **YES**, please give details of quantity per week:

35. Have your parents, brothers or sisters, before the age of 65, died or suffered from, or had any investigations for heart disease, stroke, polycystic kidney disease, cancer or tumour or diabetes, Multiple Sclerosis or Polyposis of the colon?

Yes ☐ No ☐

If **YES**, please give details including age when diagnosed:

36. Have you ever had an application for loss of licence, life, critical illness or income protection insurance postponed, declined, accepted with an increased premium or on special terms?

Yes ☐ No ☐

If **YES**, please give details:

37. The Insurer may require additional medical information. If you have completed any section declaring medical history, please complete the following:

Usual Doctor or General Practitioner's name and contact address:

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Consultant's name and contact address:

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PART 5 – PAYMENT:

- ☐ Annual payment
 ☐ Semi-annual payment (possible from 2.000 EURO annual premium)
- ☐ EURO
 ☐ SEPA Direct Debit
- ☐ Payment by bank transfer to Jurkowitsch GmbH bank account
- ☐ USD
 only payment by bank transfer to Jurkowitsch GmbH bank account with premium plus bank charges of 0.25% Insured sum in EUR and premium in USD converted with the daily rate

SEPA Direct Debit

IBAN

BIC

 account holder :

SEPA

I/we hereby authorise Jurkowitsch GmbH to collect the payments owed by me/us on the due date from my/our account by means of SEPA direct debit; this authorisation may be revoked. My/our account-holding bank is hereby authorised to redeem the SEPA direct debits, but is under no obligation to do so, particularly in case of insufficient funds in my/our account. I/we shall be entitled to arrange for having the amount in question returned to my/our account-holding bank within 56 calendar days of the debit date, without being obliged to give any reason for doing so.

PART 6 - DECLARATION:

Please enclose a copy of the most recent Medical Class I Certificate with the application.

Instructions as to the right of withdrawal according to sec. 5c of the austrian Insurance Contract Act (Versicherungsvertragsgesetz, VersVG)

- (1) You are entitled to withdraw from this insurance contract within 14 days, without being obliged to give your reasons for doing so, by presenting a written notice (e.g. letter, email).
- (2) The withdrawal period shall commence upon delivery of the policy (insurance policy), but not before you have received the policy and the terms and conditions of insurance, including the provisions regarding the setting or modification of the premiums and the present instructions regarding the right of withdrawal.
- (3) Please send the notice of withdrawal to: HDI Global Specialty SE, Roderbruchstraße 26, DE-30655 Hannover or Jurkowitsch GmbH, AT-1300 Vienna International Airport, Office Park 3 1st Floor Top145, Email: office@jurkowitsch.eu To meet the cancellation deadline, please post the cancellation notice before the expiry of the cancellation period.
- (4) Upon withdrawal, any insurance cover already granted will be cancelled and your future obligations from the insurance contract will become obsolete. In cases where the insurers have already provided cover, they are entitled to a premium corresponding to the duration of the coverage. If you already have made premium payments to the insurer, the insurer will be obliged to repay them without deductions.
- (5) Your right of withdrawal will expire, at the latest, one month after the date on which you have received the policy, including these instructions on the right of withdrawal.

Commencement of insurance coverage

The insurance contract will come into force upon receipt of the insurance policy or a separate declaration of acceptance. Before this, no insurance coverage will be granted, except in cases where provisional cover has been arranged for.

Obligation to provide information: I confirm that I am aware that my giving incorrect information may exempt the insurer from its obligation to pay out insurance benefits in the event of a claim.

Agreements: The applicant confirms that no collateral agreements have been made. The receipt of an application copy is hereby confirmed.

Declaration on the Privacy Policy of Jurkowitsch GmbH

I (We) confirm that I (we) have read the information sheet regarding the Privacy Policy, which lists all the information required with regard to the processing of data, as well as my (our) rights, and which may be viewed at <http://www.jurkowitsch.eu/datenschutz> at any time and/or of which a hard copy has been provided to me (us).

I have received full and comprehensive instructions about the terms of the contract and the legal consequences. I am aware of the premium amount, the scope of insurance coverage and the scope of the product.

I confirm that I have received the terms and conditions of insurance entitled "ALB-Lu Cockpit 2009e" and if requested "ALB-Lu Cockpit 2009e - MENTAL OR PSYCHOLOGICAL MODULE".

I hereby declare:

- that I have read the answers to the questions in this application form and to the best of my knowledge and belief the answers whether in my own handwriting or not are true and complete.
- that I have not withheld any material information which might influence the decision of the Insurer with regard to this proposal.

I agree that this proposal and declaration shall be the basis of the Contract between me and the Insurer if a policy is issued. I also consent to any information the Insurer may have about me being processed by them for the purposes of providing insurance and claims handling which may necessitate them providing such information to third parties.

Dated

(dd/mm/yyyy)

Signed

The Insurer reserves the right to impose special conditions or refuse to accept a proposal for insurance.

Declaration of consent

to the collection and processing of health data

Name of data subject (customer):

I. General information:

"Personal data" is defined as all information that relates to identified or identifiable individuals (data subjects). Such information may include private, professional or economic data, personal characteristics, knowledge or physiological traits. Personal data therefore includes, without being limited to, an individual's name, date of birth, address, gender, telephone number, license plate number, policy number or even health data.

According to the General Data Protection Regulation, health data are personal data that relate to the physical or mental health of an individual, including the provision of health services, and from which information about their state of health can be inferred. **Since health data falls under the definition of sensitive data within the meaning of Art. 9 GDPR**, there is a general ban on the processing of health data (e.g. data from your medical history). However, this does not apply in cases where the "data subject" consents to the processing of such sensitive data in the manner set forth in Section II hereof.

The processing and recording of your health data in the context of the present contract is necessary to enable us to assess your insurance requirements, take out the insurance best suited to your individual needs and fulfil our obligations towards the insurer.

As an insurance broker, we are obliged to provide "best advice" as defined in Section 28 of the Austrian Brokers Act (*MaklerG*). To be able to meet this statutory obligation, we have to get in touch with various insurance companies already during the offer phase and, if necessary, transmit your health data to these insurance companies.

If you agree to our processing of your health data for these purposes, you may give your consent by signing a declaration as shown in Section II. You may **revoke this consent at any time**. To do so, please contact: Jurkowitsch GmbH, 1300 Vienna International Airport, Office Park 3 1st Floor Top145 Tel: +43 1 713 3674 Fax: +43 1 713 3674 9 E-mail: datenschutz@jurkowitsch.eu

II. Declarations of consent:

1. I hereby **expressly consent to the recording and processing of my health data** to enable you to assess my insurance requirements, take out the insurance best suited to my individual needs and to process my claim in the event of damage.
2. Furthermore, I also **expressly consent to your disclosing** the processed health data **to insurance companies and their reinsurers** whenever required in the performance of this contract.
3. **I am aware that I may revoke this declaration of consent at any time without being required to give my reasons for doing so.**

Place, date

Signature of data subject

JURKOWITSCH GMBH
VERSICHERUNGSMAKLER
1300 Vienna Airport, Office Park 3 1st Floor Top145
1030 Vienna, Salmgasse 23/16
Tel: +43 1 713 3674
Fax: +43 1 713 3674 9
Email: office@jurkowitsch.eu
GISA number: 23995406
Company no. (FN) 118887i • Vienna Commercial Court
Data controller

JURKOWITSCH GMBH

INTERNATIONAL INSURANCE BROKERS

EST. 1974

1300 Vienna Airport, Office Park 3 1st Floor Top145

1030 Wien, Salmgasse 23/16

Tel: +43 1 713 3674

Fax: +43 1 713 3674 9

GISA number: 23995406

Company no. (FN) 118887i • Vienna Commercial Court (HG Wien)

Privacy Policy

1. Personal data

We, Jurkowitsch GmbH, will collect, process and use your personal data only with your consent and in accordance with your mandate or order, and only for the purposes agreed with you or in fulfilment of a legal obligation imposed upon us by the GDPR; in doing so, we will always comply with the applicable provisions of data protection and civil law.

We will only collect the personal data necessary for the performance and processing of our insurance brokerage services or voluntarily provided to us by you.

In addition, we will use your personal data to provide you with ancillary services, such as information about changes in the legal framework, provided that these are relevant to your insurance contract. Whenever you apply to us for insurance, you will be providing us with your personal data and, if applicable, personal data of your family members, employees or other third parties.

We collect the following personal data:

- Contact details, i.e. data that we can use to identify or contact you. This data includes name, address, telephone number, email address, username and password, date of birth, gender, preferred language and any other contact details that we receive directly from you.
- Health data as defined in sections 11a, c and d of the Austrian Insurance Contract Act (*Versicherungsvertragsgesetz, VersVG*), for the purpose of enabling us to assess whether and on what terms an insurance contract should be concluded or modified, for managing existing contracts and for assessing and processing contractual claims; we do not collect genetic analysis data.
- Account data, i.e., data that you have transmitted to us in order to be able to take advantage of insurance services. This includes your account number and sort code, as well as your billing address.
- General usage data is defined as information generated during your use of our products and services, e.g. when you surf the Internet and access our website. We do not employ any personal data for general use except for the purpose of providing and invoicing our products and services, such as technical support, accounting, debt collection or credit checks.
- Other personal data is data that we are able to obtain from public sources or from associations for the protection of creditors (*Kreditschutzverbände*) in accordance with applicable laws.
- Even though trade and business secrets are not directly covered by the term “personal data”, we protect such information to the same extent, and we expect our business partners and customers to do the same.

2. Scope of data processing

If you apply for insurance with us, you will provide us with personal data and, if applicable, also trade and business secrets, both your own and those of your family members, employees or other third parties. We have a legitimate interest in using your data and the data of such third parties named by you, since we are the data controller responsible for the processing of your personal data; we will only do so to the extent that this may be necessary to establish and process your insurance contract.

in accordance with any separate declarations of consent that you may have given, we will also use your data to inform you of product offers from us or from our business partners.

For some insurance products, it may be necessary to process specially protected categories of your personal data. This primarily includes data regarding your health, which we need for determining coverage and for processing claims in the personal insurance sector with regard to, e.g., accident insurance, health insurance, life insurance and flight license loss insurance (LOL).

We will always process these special categories of personal data exclusively in accordance with the provisions of the Austrian Insurance Contract Act, and only with your consent as given in the insurance application.

In an event of damage, we will also store and process information on the damage itself (facts, type and amount of damage) as well as information from witnesses, authorities and third parties charged with assessing the damage and the claim (expert witnesses) or with repairing the damage. In some cases, we may also be legally obliged to disclose personal data in order to support legal proceedings or to comply with official requirements/requests. In the course of pending legal proceedings, the data may have to be disclosed without your consent and without any notification to you. If permitted under applicable law, we may also be entitled to use personal data for purposes of fraud and money laundering prevention.

3. Information and deletion of data

As the data subject, you are entitled, at any time, to demand information about your stored personal data, its origin and recipient(s) and the purposes for which your data are being processed. You are also entitled to raise objections and to demand correction, data transfer, restriction of processing and blocking or deletion of incorrect or inadmissibly processed data.

Please notify us of any changes to your personal data.

You are entitled, at any time, to withdraw your consent to the use of your personal data. Please address your objections and your requests for information, deletion, correction, and/or data transfer (as regards the latter, with the proviso that such transfer would not require a disproportionate effort on our part), as directed in Section 12 of this declaration.

If you are of the opinion that the processing of your personal data by us violates applicable data protection law or that your data protection claims have been violated in any other way, you may file a complaint with the competent supervisory authority. In Austria, the competent authority is the data protection authority (*Datenschutzbehörde*).

4. Withdrawal of consent

In cases where we have received and are processing your data with your consent, you are entitled to revoke this consent at any time; after having received your revocation, we will then no longer process your data for the purposes stated in the Declaration of Consent.

If you refuse to sign the Declaration of Consent, or any part of the same, or object to the processing of your data, we will use your data in strict compliance with the applicable legal provisions. If this means that we cannot (or can no longer) make use of automated processing and management of your contract, however, we reserve the right to reject your application or to cancel the contract.

5. Data security

We protect your personal data by establishing appropriate organisational and technical precautionary measures. These precautionary measures are focused, inter alia, on protection against unauthorised, unlawful or accidental access, processing, loss, use and manipulation.

Regardless of the efforts to maintain a consistently high level of due diligence, we cannot rule out the possibility that information that you have provided to us via the Internet may be viewed and used by other people.

Please note that we cannot, therefore, accept any liability whatsoever in connection with the disclosure of information due to errors in data transmission not caused by us and/or unauthorised access by third parties (e.g. hacker attacks on email accounts or telephones, interception of faxes).

6. Confidentiality

Our employees are familiar with the relevant data protection regulations and committed to data secrecy. Access to personal data will only be made available to employees who deal with customers and prospects and who are responsible for processing inquiries, applications and contracts (see Section 7).

7. Transmission of data to third parties

To comply with your requests, we will also be obliged to forward your data to third parties (e.g. insurance companies, licensing bodies, reinsurers, substitutes, courts or authorities, lawyers, notaries, service providers whom we use and to whom we provide data, etc.). Your data will be forwarded in strict compliance with the provisions of the GDPR, chiefly for purposes of fulfilling your order or based on your prior consent.

The complexity of today's data processing means that we are sometimes obliged to use service providers and to commission them to process your data. Such a service provider could also be located outside the territory of the European Union. In all cases involving service providers, however, we undertake always to ensure that the European level of data protection and the European data security standards will be maintained.

It may also be necessary, as part of our processing of business cases, for us to transfer your data among our business partners, or to process it jointly with them. In these cases, too, European data security standards will always be maintained. If you would like to find out more about how and to what extent we process your data in connection with your specific business case or pass it on to service providers, and which protective measures we have taken, please contact our management.

8. Disclosure of data breaches

We strive to ensure that any data breaches will be recognised early and, if necessary, immediately reported to you or the responsible supervisory authority, stating the respective data categories that have been affected.

9. Data storage

We undertake not to keep data any longer than is necessary to enable us to fulfil our contractual or legal obligations and to avert possible liability claims.

10. Cookies

This website uses or may use "cookies" to make it more user-friendly, effective and secure.

A "cookie" is a small text file that we transfer via our web server to the browser's cookie file on your computer's hard drive. This enables our website to recognise you as a user when a connection is established between our web server and your browser. Cookies help us to determine the frequency of use and the number of users of our website. The content of the cookies we use is limited to an identification number, which no longer permits identification of the user. The main purpose of a cookie is to recognise visitors to the website.

Two types of cookies are used, or may be used, on this website:

- Session cookies: these are temporary cookies that will remain in your browser's cookie file until you leave our website and will automatically be deleted after your visit.
- Permanent cookies: to achieve a higher degree of user-friendliness, cookies may remain stored on your device; this will allow us to recognise your browser the next time you visit.

You have the option of activating settings in your browser that will ensure that you are informed about the setting of cookies and will allow cookies only in individual cases, exclude the acceptance of cookies for certain cases or in general, and activate the automatic deletion of cookies when the browser is closed. If cookies are deactivated, the functionality of this website may be restricted.

11. Server log files

To optimise this website in terms of system performance, user-friendliness and the provision of useful information about our services, the provider of the website automatically collects and stores information in so-called server log files, which your browser will automatically transmit to us. This includes your Internet protocol address (IP address), browser and language setting, operating system, referrer URL, your Internet service provider and date/time.

This data will not be merged with personal data sources. We reserve the right to check this data retrospectively if we become aware of specific indications of illegal use.

12. Our contact details

The protection of your data is very important to us. Should you have any questions or wish to revoke your declaration of consent, please contact us using the following contact details:

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