



LIABILITY INSURANCE "RC COACH"

SUBSCRIPTION FORM

Please complete the form below to apply for insurance as a member of EMCC Belgium. We are already delighted by your interest in this insurance.

Personal information:

Name :	
First Name :	
Phone :	
Email address :	
Postal address : Street and n° :	
Postal address (ZIP code, city) :	

If you qualify to benefit from the "accredited" rate:

EIA Certificate Number :	
Expiry Date of Certificate :	

Billing Information:

Name and legal form :	
Address (street, n°) :	
Address (ZIP Code, City) :	
Company N° (VAT) :	

Description of the business to be insured :

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Desired effective date :

Signature followed by surname + first name :

If invoicing to a legal entity, status of the signatory:

Please send this form to the address info@dap.be with the reference : CL COACH EMCC Belgium.
The DAP broker undertakes to reply within 48 hours.