

## QUESTIONNAIRE · LEGAL PROTECTION

# Legal protection questionnaire

Information needed for your study — to be returned to [info@assudire.fr](mailto:info@assudire.fr)

Answer what applies to you: only your contact details are required. We first check what your current policies already cover, so you don't pay twice.

## 1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr First name : ..... Last name : .....Date of birth : ..... Marital status : ☐ Single ☐ Married / civil partnership ☐ Living with partner  
☐ Divorced ☐ Widowed

Address : ..... Postcode : ..... Town : .....

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

Occupation : ..... Status : ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

## 2. YOUR SITUATION

What could lead you into a dispute.

Housing : ☐ Tenant ☐ Owner-occupier ☐ Landlord ☐ Living with someoneHome postcode : ..... Home in France : ☐ Yes ☐ No ☐ Moving in progressHousehold members to cover : ..... Vehicles in the household : ..... Property let to others : ☐ No ☐ Yes

## 3. YOUR POLICIES AND DISPUTES

What already covers you, and what is ongoing.

Legal protection already included elsewhere : ☐ No ☐ Yes ☐ I don't know In which policy : .....

Current insurer : ..... Current premium : ..... € / year

Ongoing or foreseeable dispute : ☐ No ☐ Yes If yes, what kind : .....

#### 4. YOUR NEEDS

**Cover wanted :** ☐ Essential ☐ Comfort ☐ Comprehensive ☐ Advise me

**Areas to cover :** ☐ Neighbours and housing ☐ Consumer and purchases ☐ Work ☐ Health and medical  
☐ Tax and administration ☐ Family and inheritance ☐ Internet and online reputation ☐ Vehicle

**Claim threshold :** ☐ As low as possible ☐ No preference **Payment :** ☐ Annual ☐ Monthly

**Start date wanted :** ☐ As soon as possible ☐ Within a month  
☐ At my current renewal ☐ Later

**Target budget :** ..... € / month

Details, constraints or questions :

#### 5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Terms of the current policy ☐ Home insurance policy (to check the included cover) ☐ Bank details (IBAN)

A dispute already known when you sign up is normally not covered: tell us, we will look for the best solution with you.

#### DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

**Signed at:** ..... **Date:** .....

**The policyholder**

Signature

**For ASSUDIRE use**

Received on · adviser · study reference