

Application for Zurich Security deposit guarantee residential

Please attach a copy of the rental contract to the application and excerpt from the debt collection register.

1 Policy details

☐ New application

☐ There is an existing policy:

Desired starting date

2 Applicant/Tenant

☐ Mr. ☐ Mrs.

Language ☐ D ☐ F ☐ I

Last name

Date of birth

First name

Occupation

Current place of residence

Zip code, Town/city

Nationality

Residency Permit

Resident in Switzerland since

Telephone number

E-mail

3 Additional persons listed in the rental contract/Applicant 2¹ (optional)

☐ Mr. ☐ Mrs.

Last name

Date of birth

First name

Occupation

Telephone number

E-mail

¹ Joint liability for obligations under this contract

4 Location of the property

Address

Zip code, Town/city

To be completed by Zurich:

Mediated by

VST/VTG

PB

5 Landlord/Owner

Landlord	Address
Responsible person	Zip code, Town/city
Telephone number	E-mail

6 Administration

Administration	Address
Responsible person	Zip code, Town/city
Telephone number	E-mail

7 Security deposit

Monthly rent in CHF	Total security deposit in CHF
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8 Application questions

Are there enforcement proceedings currently underway against yourself or persons included in the rental contract? ☐ Yes ☐ No

Reason

9 Premium calculation (payment method: annually)

Please tick as appropriate	Deposit amount	Premium incl. 5% federal stamp tax
<input type="checkbox"/>	up to CHF 2000	CHF 135
<input type="checkbox"/>	CHF 2001–3000	CHF 170
<input type="checkbox"/>	CHF 3001–4000	CHF 205
<input type="checkbox"/>	CHF 4001–5000	CHF 245
<input type="checkbox"/>	CHF 5001–6000	CHF 285
<input type="checkbox"/>	CHF 6001–7000	CHF 325
<input type="checkbox"/>	CHF 7001–8000	CHF 365
<input type="checkbox"/>	CHF 8001–9000	CHF 405
<input type="checkbox"/>	CHF 9001–10000	CHF 445
<input type="checkbox"/>	CHF 10001 and above	separate offer to follow

10 Applicable General Conditions of Insurance

Zurich Security deposit guarantee residential, Version 01.2022

11 Additional information (if different from the policyholder's information)

☐ Person paying premium ☐ Mailing address

☐ Mr. ☐ Mrs. ☐ Company

Last name

Street, No.

First name

Zip code, Town/City

12 Final declaration

The undersigned hereby certifies that he/she has answered the questions contained in this document to the best of his/her knowledge and belief. He/she further certifies that all information material to the risk, as disclosed in this document, is true and accurate. He/she undertakes to notify Zurich of any changes that may occur prior to commencement of the definitive insurance coverage.

The applicant acknowledges that Zurich processes data relating to natural persons (personal data) in connection with the conclusion and execution of the contract and for other purposes. More information on this processing can be found in the privacy policy of Zurich. This privacy policy can be accessed at www.zurich.ch/data-protection or obtained by contacting Zurich Insurance Company Ltd, Dataprotection, PO box, 8085 Zurich, datenschutz@zurich.ch.

Zurich reserves the right to disclose personal data – including health data if applicable – to third parties in this context and in the other cases mentioned in the privacy policy.

The applicant by submitting this declaration, expressly agrees that pre-insurers, co-insurers and reinsurers, other insurers and other offices within Zurich, official bodies and other third parties provide Zurich with relevant information in connection with risk, benefit and claims checks, for combating abuse and for the performance of the insurance contract relationship, in particular about the claims history and about previous or parallel insurance policies and benefits. This is necessary for the preparation or execution of the insurance contract relationship. The applicant in this case releases these bodies from any obligation of confidentiality.

The applicant undertakes to inform third parties whose personal data he provides to Zurich about the processing of their personal data by Zurich.

Location and date

Location and date

Signature of Applicant 1

Signature of Applicant 2

The Landlord/Administration confirms that it has received the conditions for the rent deposit security and to agree to the requested security and the corresponding conditions. It further confirms that the Tenant is not in default in payment of the rent and no existing security has been collected.

Location and date

Signature of Landlord/Administration

Notes

Send application to: mietkaution@zurich.ch or to the below address

Zurich Insurance Company Ltd

Team Credit & Surety
P.O.Box, 8085 Zurich
Telephone 0414166292
mietkaution@zurich.ch
www.zurich.ch

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