

Insurance Broker Mandate (Maklervollmacht)

The client named below authorizes the insurance broker named below to represent them in matters relating to insurance contracts.

This mandate specifically includes the powers listed below.

Client Details

First name: Last name:
Street / No.:
ZIP: City:
Phone: Email:
Date of birth (DD.MM.YYYY):

Authorized Insurance Broker

Bechstein Versicherungsmakler GmbH & Co. KG
Eichendorffstr. 12, 65187 Wiesbaden
Phone: +49 611 945892402 Fax: +49 611 945892409 Email: jb@vmwi.gmbh

Scope of the Mandate

- Termination of existing and conclusion of new insurance contracts
- Applying for retraction of terminations of existing contracts
- Assistance in claims matters
- Disclosure of information to social insurance institutions where required by law
- Filing complaints with the BaFin or an ombuds office
- Granting direct debit mandates for insurance premiums
- Granting sub-mandates to cooperating partners, including but not limited to:
 - VEMA Versicherungsmakler Genossenschaft eG
 - Blaudirekt GmbH & Co. KG
 - Fonds Finanz Maklerservice GmbH

The broker acts on the principle of: action after communication – no changes to contracts without consultation.

Legal Notes

GDPR Art. 13: Processing of personal data in accordance with the GDPR and the German Federal Data Protection Act (BDSG).

German Civil Code §181: Exemption to the extent necessary to act on behalf of the client even in cases of potential self-contracting or multiple representation.

This mandate is unlimited in time and may be revoked by either party at any time in text form. A newer mandate replaces any prior mandate.

By signing, I confirm the accuracy of the information provided and grant the above mandate.

Place, Date:

Signature:

Place, Date, Signature (Client)