

1	<input type="checkbox"/> New policy			
	<input type="checkbox"/> On the basis of an offer			
	<input type="checkbox"/> Amendment to policy no _____	Number (to be filled in by the department)		
2	POLICYHOLDER	Name (as officially registered)		Personal ID/business ID
		Street address		Postal code Town or municipality
		Telephone number	Fax number	E-mail address
		Name of bank and account number		
3	LINE OF BUSINESS	Company's line of business and code (check at www.ytj.fi/english)		
4	Person handling insurance matters or invoicing address	Name (as officially registered)		Personal ID / Business ID
		Street address		Telephone number Fax number
		Please enter the payer's account information if the payer is not the policyholder		Postal code Town or municipality
	Payer			E-mail address
5	POLICY TERM	Continuous insurance	Starting date	<input type="checkbox"/> The policy continues by calendar year <input type="checkbox"/> In 1 instalment <input type="checkbox"/> In 2 instalments <input type="checkbox"/> In 3 instalments <input type="checkbox"/> In 4 instalments There will be an extra charge for instalment premium if paid in 2-4 instalments
		Fixed-period insurance	Starting date	
6	PLACE OF WORK	Where is the work carried out?		Site number of the construction site

Construction work by a private person (Note! Always specify the wages in Section 10)

7	<input type="checkbox"/> Extension	<input type="checkbox"/> New building	<input type="checkbox"/> Renovation	What will be built or renovated?	Cubic capacity is over 100
					<input type="checkbox"/> Yes <input type="checkbox"/> No

8	TYPE OF INSURANCE	<input type="checkbox"/> The policyholder has no deductible	<input type="checkbox"/> The policyholder has a deductible for each accident
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EMPLOYEES' GROUP LIFE INSURANCE IN ACCORDANCE WITH COLLECTIVE BARGAINING AGREEMENT

9	Employees' group life insurance will be automatically included in the statutory accident insurance, unless otherwise agreed. Compensation in the event of death will be paid to the employee's next of kin on the basis of the insurance.	<input type="checkbox"/> Employees' group life insurance is not taken out (explanation in Section 17)
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EMPLOYEES' WAGES BY OCCUPATIONAL GROUP (Please specify the wages of shareholders and their family members in Section 11)

10	Occupational and employee groups (e.g., office work, drivers, etc.)	Occupational code	Employee group's monetary salary with fringe benefits, in euros
			<input type="checkbox"/> Year <input type="checkbox"/> Period
			<input type="checkbox"/> Year <input type="checkbox"/> Period
			<input type="checkbox"/> Year <input type="checkbox"/> Period
			<input type="checkbox"/> Year <input type="checkbox"/> Period
			<input type="checkbox"/> Year <input type="checkbox"/> Period
			<input type="checkbox"/> Year <input type="checkbox"/> Period

SHAREHOLDERS, PARTNERS AND FAMILY MEMBERS LIVING IN THE SAME HOUSEHOLD

11	Name of the shareholder, partner or family member		Personal ID / Business ID	Direct personal holding / Control, %	Holding with family, %
	Position in the company		Please specify the tasks		
	<input type="checkbox"/> Daily decision-making power <input type="checkbox"/> Member of the board of directors				
	Working in the company		Confirmed income	Earnings	Insured under the Self-Employed Persons' Pension Act (YEL) or under the Farmers' Pensions Act (MYEL)
<input type="checkbox"/> Main occupation <input type="checkbox"/> Secondary occupation <input type="checkbox"/> Not working				<input type="checkbox"/> For this job <input type="checkbox"/> For the main occupation	
Is he or she living in the same household with another owner?		Name	Personal ID	Description of family relation (related how?)	
<input type="checkbox"/> No <input type="checkbox"/> Yes					
Name of the shareholder, partner or family member		Personal ID / Business ID	Direct personal holding / Control, %	Holding with family, %	
Position in the company		Please specify the tasks			
<input type="checkbox"/> Daily decision-making power <input type="checkbox"/> Member of the board of directors					
Working in the company		Confirmed income	Earnings	Insured under the Self-Employed Persons' Pension Act (YEL) or under the Farmers' Pensions Act (MYEL)	
<input type="checkbox"/> Main occupation <input type="checkbox"/> Secondary occupation <input type="checkbox"/> Not working				<input type="checkbox"/> For this job <input type="checkbox"/> For the main occupation	
Asuuko toisen omistajan kanssa samassa taloudessa		Name	Personal ID	Description of family relation (related how?)	
<input type="checkbox"/> No <input type="checkbox"/> Yes					

Name of the shareholder, partner or family member		Personal ID / Business ID	Direct personal holding / Control, %	Holding with family, %
Position in the company <input type="checkbox"/> Daily decision-making power <input type="checkbox"/> Member of the board of directors		Please specify the tasks		
Working in the company <input type="checkbox"/> Main occupation <input type="checkbox"/> Secondary occupation <input type="checkbox"/> Not working		Confirmed income	Earnings	Insured under the Self-Employed Persons' Pension Act (YEL) or under the Farmers' Pensions Act (MYEL) <input type="checkbox"/> For this job <input type="checkbox"/> For the main occupation
Is he or she living in the same household with another owner? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name	Personal ID	Description of family relation (related how?)
Name of the shareholder, partner or family member		Personal ID / Business ID	Direct personal holding / Control, %	Holding with family, %
Position in the company <input type="checkbox"/> Daily decision-making power <input type="checkbox"/> Member of the board of directors		Please specify the tasks		
Working in the company <input type="checkbox"/> Main occupation <input type="checkbox"/> Secondary occupation <input type="checkbox"/> Not working		Confirmed income	Earnings	Insured under the Self-Employed Persons' Pension Act (YEL) or under the Farmers' Pensions Act (MYEL) <input type="checkbox"/> For this job <input type="checkbox"/> For the main occupation
Asuuko toisen omistajan kanssa samassa taloudessa <input type="checkbox"/> No <input type="checkbox"/> Yes		Name	Personal ID	Description of family relation (related how?)

12	INDIRECT OWNERSHIP	Name of the shareholder or employee	Intermediary company	Business ID	Direct holding / number of votes in the intermediary company

VOLUNTARY INSURANCE for persons not covered by the statutory accident insurance or EMPLOYEE 'S INDIVIDUAL LEISURE INSURANCE

Insurance cover can be granted provided that the same person does not have insurance cover for the same work with another company under the Employment Accidents Act.

13	Name of the person to be insured		Personal ID	<input type="checkbox"/> Self-employed person's accident insurance for working hours and leisure time
	Please specify the tasks		Annual income, in euros (please see the instructions on filling the form)	<input type="checkbox"/> Voluntary insurance for working hours
	Street address	Postal code	Town or municipality	<input type="checkbox"/> Individual leisure insurance for a person covered by statutory accident insurance
	Name of the person to be insured		Personal ID	<input type="checkbox"/> Withdrawal of sports-related restrictions (additional premium)
	Please specify the tasks		Annual income, in euros (please see the instructions on filling the form)	<input type="checkbox"/> Self-employed person's accident insurance for working hours and leisure time
	Street address		Postal code	Town or municipality
				<input type="checkbox"/> Individual leisure insurance for a person covered by statutory accident insurance
				<input type="checkbox"/> Withdrawal of sports-related restrictions (additional premium)

VOLUNTARY GROUP LEISURE INSURANCE AND SPORTS INSURANCE FOR COMPANY-SPONSORED SPORTS

14	Granted only for persons covered by the statutory insurance	
	Number of employees persons	<input type="checkbox"/> Voluntary group leisure insurance (a minimum of two (2) employees is required) for the whole personnel <input type="checkbox"/> Sports insurance for company-sponsored sports (a minimum of three (3) employees is required) for the whole personnel

ADULT EDUCATION (If there are several simultaneous courses, please give detailed information on a separate attachment)

15	Theory days, total	On-the-job training, office work	On-the-job training, other work	Name of the course
	(number of students x course days)	(number of students x course days)	(number of students x course days)	

UNEMPLOYMENT INSURANCE CONTRIBUTION (when the statutory accident insurance is at several companies under the same business ID)

16	Which insurance company collects the unemployment insurance contribution for the part exceeding the amount in euros confirmed annually by the Ministry of Social Affairs and Health?
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ADDITIONAL INFORMATION (e.g., wages of persons under 17 and over 65 years of age by occupational group)

17	

SALES INFORMATION

18	Date of the insurance contract	at	ID of the salesperson	Campaign number
	<input type="checkbox"/> Done alone by	<input type="checkbox"/> Done in cooperation with	<input type="checkbox"/> Tip given by	ID of tip provider
	Place, date	Signature of Tapiola's representative		
			DIVISION OF THE SALE	Salesperson 1, %
				Salesperson 2, %

SIGNATURE

19	Place and date	Signature of the policyholder
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INSTRUCTIONS

We ask you to fill in all sections of the application form in detail. A carefully filled-in application will speed up the handling process

Section 1

Please enter whether this is a new policy or an amendment to an earlier policy. Amendments include, for example, supplementary insurances applied for a valid policy.

Also report if the application is based on an offer and enclose a copy of the offer. If the company form and business ID have changed, and you are applying for a new policy, please enclose the notice of termination of the previous policy.

Section 4

Enter the contact information of the person handling insurance matters or the invoicing address if invoices are not sent to the policyholder's address. Tick the box **'Payer'** only if someone else than the policyholder pays the premium (for example, insurance for a personal assistant where the city is the payer and a private person is the policyholder).

Section 5

The earliest the policy can take effect is the moment when a representative of Tapiola receives the application.

If work is carried out only at certain times of the year (e.g., picking strawberries in the summer, asphalt work, summer restaurants, etc.), a **continuous** insurance policy is made. In this case, the yearly due date is negotiable.

A fixed-period policy can be taken out when it is estimated that the work will last under a year. For example, construction workers can be insured with fixed-period insurance. Fixed-period insurance is valid for the duration of the work and ends without a separate notice of termination. The insurance period is the validity period of the insurance.

Extra charges for instalment premium:

- Premium paid in two instalments, extra charge 2.5%
- Premium paid in three instalments, extra charge 3%
- Premium paid in four instalments, extra charge 3.5%

Section 7

Report in this section what type of construction work a private person is having done, i.e., whether it is a renovation, extension or new building.

When a house for residential use is being built or expanded, please report whether the cubic capacity of the building under construction exceeds one hundred cubic metres.

Section 8

Choose whether you want to take out insurance with or without a deductible. In 2010, deductible is euro 206 per incident.

Section 9

Employees' group life insurance is automatically included in the statutory accident insurance, unless otherwise agreed. If you choose not to take out employees' group life insurance, report this in Section 17 and explain why. There are regulations on taking out employees' group life insurance in the collective bargaining agreements of almost all sectors.

Section 10

Enter the occupational and employee groups to be insured. Use occupational titles that describe the tasks as closely as possible. Enter the occupational code of the employee group in the space reserved for it.

Section 11

Enter details on all shareholders and partners regardless of whether they work in the company. Also enter details on family members living in the same household who work in the company. This information is important for accident insurance and unemployment insurance.

Limited companies

All shareholders of a limited company who participate in the work are to be insured under statutory accident insurance with the exception of the person **in a managerial position** who alone or together with family members living in the same household owns **more than 50%** of the shares. **Managerial position** means that the person exercises daily decision-making power in the company. As regards accident insurance, membership in the board of directors is not considered a managerial position.

Limited partnership and general partnership

Partners whose control or share of the company alone or together with family members living in the same household is no more than 50% according to the partnership agreement are to be insured under statutory accident insurance. When working in the company, a silent partner receiving compensation is to be insured under statutory accident insurance.

The accident insurance premium is calculated on the basis of confirmed income. If the person does not have a valid self-employed persons' pensions insurance, the basis for insurance premium and compensation will be calculated on the basis of minimum annual earnings (10,350 in 2008) in accordance with the Employment Accidents Act when the work is full-time.

Family member

In statutory accident insurance, a family member refers to a person living permanently in the household of the employer and who is related to the employer or his or her spouse in the direct line of ascent or descent. Family members under this definition include the employer's spouse, employer's or spouse's children, adopted children, parents, adoptive parents or a spouse of one of the said people. Partners in a registered partnership shall be treated as spouses. Contrary to the unemployment insurance, a common-law spouse is not considered a family member.

Family members of shareholders and partners

Family members who are not owners but who are paid to work in the company and live in the same household with the shareholder shall be reported in the application. This may affect unemployment insurance contributions.

Daily decision-making power

Report whether the shareholder exercises daily decision-making power and whether he or she is a member of the board of directors.

Specify the tasks

Please specify the tasks of the shareholder, partner or family member in as much detail as possible.

For example, the title managing director is not always a sufficient job description.

Section 12

Indirect ownership may affect the unemployment insurance contribution, which means that a person may be considered a part owner through indirect ownership. Please report if there is a person working in the company who owns the said company indirectly through another company. Indirect ownership matters if the person alone or together with a family member or the person's family member owns at least half of the intermediary company.

Section 13

This Section is used to apply for a voluntary insurance for persons not covered by the statutory accident insurance or for employees' leisure insurance for individuals.

The self-employed persons' accident insurance or voluntary working hours accident insurance may be granted to:

- a private employer, entrepreneur or self-employed person and a family member living in the same household
- an employee in a managerial position in a limited company who alone or together with a family member living in the same household owns more than 50% of the shares
- in other company forms (open partnership or general partnership), partners who have more than 50% control of the company either alone or together with a family member living in the same household.

In order to determine the correct insurance premium, the personal and address information of the person to be insured must be given and his or her tasks must be specified. For example, the title managing director is not a sufficient job description.

If the insured does several jobs, the insurance premium is calculated on the basis of the riskiest (the most dangerous) job. Annual earnings have to be such that they correspond to a reasonable salary that would be paid to an outside worker for doing the same job.

Annual earnings must be equal to at least the minimum annual earnings confirmed yearly.

If the applied annual earnings are significantly different from the confirmed income, the discrepancy must be justified in the application.

Individual leisure insurance can be granted to a person who is insured during working time (statutory accident insurance or voluntary working hours accident insurance).

Sports-related restrictions in the individual leisure insurance can be removed by ticking the relevant item.

The annual earnings in the leisure insurance must correspond to the salary paid to the person or to the annual earnings reported in the voluntary working hours accident insurance.

Unpaid premiums and bad credit may have an effect on granting voluntary insurances.

Section 14

This section is for taking out **voluntary group leisure insurance** or sports insurance (for company-sponsored sports) for employees.

Group insurance is granted when there are at least **two** employees to be insured statutorily at the same time.

Section 16

Specify the insurance company that handles the collection of the unemployment insurance contribution for the part exceeding the amount in euros confirmed by the Ministry of Social Affairs and Health annually. This must be reported when your company has valid statutory accident insurances with the same business ID in other insurance companies during the same calendar year.

UNEMPLOYMENT INSURANCE CONTRIBUTIONS

As regards **employees' share**, employer's and employee's unemployment insurance contributions are collected together with the accident insurance premium. The amount is confirmed annually.

These contributions are not collected from partners in a general partnership or from responsible partners in a limited partnership even if they are to be insured under the accident insurance.

Unemployment insurance contributions are not either collected if the employee is under 17 or over 65 years of age, or if the person is insured under Self-Employed Persons' Pensions Act or Farmers' Pensions Act. Their earnings shall be reported by occupational group in the Section 'Additional information'.

Co-owners of the company

Employer's and employee's unemployment insurance contributions shall be collected from co-owners and employees. **The unemployment insurance contribution of a co-owner is not the same as that of an employee.**

A person in a managerial position in a limited company who alone owns at least 15% or together with a family member owns at least 30% or whose family owns at least 30% of the shares or votes.

A person in a non-managerial position in a limited company who alone owns at least 50% or together with a family member owns at least 50% or whose family owns at least 50% of the shares or votes

A person working in a limited partnership or a general partnership whose family member has the aforementioned ownership/control in the company.

A spouse working for a self-employed person is considered a co-owner.

In unemployment insurance, managerial position refers to the person who is the managing director, a member of the board of directors or in a similar position.

The concept of family member differs from the definition in the accident insurance. In the unemployment insurance, a **common-law spouse** as well as children and parents living in the same household are considered family members.

Indirect ownership has been specified in Section 12.