

Latitude

Atlas **Latitude** Proposal



Latitude Proposal Form

Complete in ink in BLOCK LETTERS.

Non Disclosure Warning – Please note that it is your duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts (even if not the subject of a question below) or if in doubt refer to us or to your insurance intermediary

Please Note: This insurance does not come into force until we have accepted your proposal. You must inform us of any alteration in the risk in the meantime

Important Note on Values to be insured: Do ensure that the values specified in this form reflect today’s market value.

1. Details of Proposer

Name/Company Name											
Postal Address (inc. post code)											
Vat No. (if applicable)		ID Card No./Passport No./Co Reg No.									
Occupation of Proposer				Date of Birth							
Telephone No.		Mobile No.		Email							

2. About the Proposer/User

a. Are you the sole regular user of the craft? Yes ☐ No ☐

If NO, please give Name, Date of Birth and ID Card No. of regular user/s

b. Do you or the regular user/s have a Malta Maritime Authority Nautical Licence or the required Licence to navigate the craft? Yes ☐ No ☐

Please give details of qualifications

c. Please state your or the regular user’s experience in navigation including type of craft and cruising areas

d. Have you or any of the regular users of the craft:

i. been prosecuted or convicted of any offence or is any prosecution pending? Yes ☐ No ☐

ii. had any type of insurance refused or had any type of policy cancelled? Yes ☐ No ☐

iii. had any special conditions imposed by any insurer? Yes ☐ No ☐

iv. had any loss, accident or claim during the last 5 years in connection with any watercraft? Yes ☐ No ☐

If you have answered YES to any of the above questions, please complete below

Name of Driver	ID Card No. / Passport No.	Date of Birth	Details (including previous insurers, claim amounts, reasons etc)

3. Details of Your Craft

a. **Hull Details**

Craft Name/ Reg No.	Make and Model of Craft	Year of Build	No. of Berths	Overall Length	Breadth (moulded)	Draught (moulded)	Max Designed Speed	Hull Material

Note: If the craft is amateur built or older than 15 years, please attach a condition/value report

b. **Main Engine(s) Details**

Manufacturer of Engine(s)	Model & Type (inboard/ outboard)	HP of engine	Serial Number(s)	Single or Dual Prop	Year of Build	Fuel

c. **Auxiliary Engine(s) Details**

Manufacturer of Engine(s)	Model & Type (inboard/ outboard)	HP of engine	Serial Number(s)	Single or Dual Prop	Year of Build	Fuel

d. **Tender Details**

Make and Type of Tender	Year of Manufacture	Tender Outboard Engine - Type & Model	Engine Serial No.	Engine HP	Year of Build	Fuel

e. **Other Craft Details**

i. Where is the Craft registered?

ii. To the best of your knowledge, has the Craft ever sustained any damages? Yes ☐ No ☐
 If Yes, please give details

iii. Is bottled gas fitted? Yes ☐ No ☐
 If YES, is copper delivery tubing used? Yes ☐ No ☐

iv. State what fire prevention equipment you have on board & their location

v. Is the Craft fitted with an intruder alarm? Yes ☐ No ☐
 If YES, is it activated when the craft is left unattended? Yes ☐ No ☐

vi. Date of purchase New or Second Hand Total Price Paid €

vii. If any Bank or equivalent has an interest in the craft, please state name and address

4. Value of Your Craft

Please note that the value must be the current market value including VAT, Taxes and any Duties unless recoverable

a. Hull, gear and equipment including inboard machinery	€	<input type="text"/>
b. Main outboard engine	€	<input type="text"/>
c. Tender hull	€	<input type="text"/>
d. Tender engine	€	<input type="text"/>
e. Auxiliary engine	€	<input type="text"/>
f. Trailer	€	<input type="text"/>
g. Special Equipment (electronic, navigational or communication equipment specifically on the craft) *	€	<input type="text"/>
h. Personal effects *	€	<input type="text"/>
i. Life raft	€	<input type="text"/>
j. Other	€	<input type="text"/>
Total value to be insured		€ <input type="text"/>

Note (*)

Special equipment – All items of Special Equipment have to be specified individually below

<input type="text"/>	€	<input type="text"/>
<input type="text"/>	€	<input type="text"/>

Personal effects - All Personal effects exceeding €235 individually have to be specified below. No personal effects cover is available if the craft is used for commercial use.

<input type="text"/>	€	<input type="text"/>
<input type="text"/>	€	<input type="text"/>

5. Use of Craft

- a. Is the Craft used purely for private use? Yes ☐ No ☐
If NO, please fill in the Commercial Craft additional questionnaire
- b. Cruising limits required
- c. Will the Craft be sailed outside Maltese coastal Waters for more than 30 days? Yes ☐ No ☐
- d. Will the Craft be used for singlehanded cruising? Yes ☐ No ☐
- e. Where is the Craft normally kept during the in commission period (permanent place of mooring)?
☐ Is it a marina? Yes ☐ No ☐ ☐ If NO, please give details
- f. If the Craft is brought ashore after use overnight throughout the 'in commission' period, please state address of garage or other location where kept
- g. Please state exact date of laid up period if not in commission for 12 months From to
☐ Laid up location
☐ State nature of supervision during laid-up period
- h. If the Craft is 12 months in commission, please state where it will be taken up for maintenance during the year

6. Insurance Cover Requirements

- a. Date from which cover is required to
- b. Full Cover ☐ Third Party Liability Only ☐ c. Third Party Limit: €250,000 ☐ €600,000 ☐ Other ☐
- d. Do you require liability to/of water skiers? Yes ☐ No ☐
- e. Do you require cover for sails, masts, spars, etc during racing? Yes ☐ No ☐ If YES, state value of sailing gear €
- f. Is cover for the maiden voyage required? Yes ☐ No ☐ If YES, please give details
- g. Is extended transit risk required outside Malta? Yes ☐ No ☐ If YES, please give details

DECLARATION

IMPORTANT – DO NOT SIGN THIS DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. If this form is being completed by someone else on your behalf please ensure that the details submitted accurately reflect what you have said.

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter "Atlas"), You and any other person/s whom You propose to insure (hereinafter "Others") accept the terms of this Statement. You hereby warrant that you have presented this Declaration and the leaflet 'Information for Policyholders' to Others and have obtained their necessary explicit verbal consent.

You confirm that you have read or have had read to You the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between You and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as Your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data Protection Statement

Atlas is the controller of personal data held about You and Others under the terms of the Data Protection Act (hereinafter the "Act"). You and Others consent to:

- the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitute personal data in terms of the Act, insofar as such processing relates to (but not limited to) underwriting and administration of the insurance proposal and policy, handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- the disclosure by the Group of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data;
- the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in para (a) above;
- the Group informing You and Others of their products and services by any means. You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive such information;
- the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on http://www.atlas.com.mt/Legal/Data_Protection.aspx

Date

Signature

Name in block Capitals



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Atlas Insurance PCC Limited is a cell company authorised by the Malta Financial Services Authority to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cell in excess of their assets.

Intermediary