Atlas **PlainSailing** Proposal



Plain Sailing 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 cr	aft?			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 N navigate the craft?	lalta Maritime Authority	Nautical Licence	or the required Licence to	Yes No			
	Please give details of qualifications							
C.	Please state your or the regular user's navigation including type of craft and							
d.	Have you or any of the regular users of	of the craft:						
	i. been prosecuted or convicted of a	ny offence or is any pro	secution 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 du	ing the last 5 years in c	onnection with ar	ny 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)			

_	Passport No.	(including previous insurers, claim amounts, reasons etc)
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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 & Ty (inboard/ outb		HP of engine	Serial Number(s)	Single or Dual Prop	Year of Build	Fuel
d.	Tender Details	L]]	
	Make and Type of Tender	Year of Manufacture		Outboard Type & Model	Engine Serial No.	Engine HP	Year of Build	Fuel
e.	Other Craft Details	L	I <u></u>			<u> </u>		
	i. Where is the Craft regi	stered?						
	ii. To the best of your kno	wledge, has the Crat	t ever susta	ined any dam	ages?		Yes	No
	If Yes, please give detai	ils						
	iii. Is bottled gas fitted?						Yes	No
	If YES, is copper deliver	y tubing used?					Yes	No
	iv. State what fire prevent you have on board & t							
	v. Is the Craft fitted with a	an intruder alarm?					Yes	No
	If YES, is it activated wh	nen the craft is left ur	attended?				Yes	No
	vi. Date of purchase of craft			New or S	Second Hand	Total	Price Paid €	
	vii. If any Bank or equivale the craft, please state r							

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	€	
b.	Main outboard engine	€	
C.	Tender hull	€	
d.	Tender engine	€	
e.	Auxiliary engine	€	
f.	Trailer	€	
g.	Special Equipment (electronic, navigational or communication equipment specifically on the craft) $*$	€	
h.	Personal effects *	€	
i.	Life raft	€	
j.	Other	€	
	Total value to be insured	€	

Note (*)

Special equipment – if the overall value does not exceed €2,500, then this value should be included in item a. above. If total value exceeds €2,500, please specify a total value under item g. above. If there is any item exceeding €600, this needs to be specified below.

Fersonal effects - if the overall value does not exceed €600, then this value should be included in item a. above. If total value exceeds €600, please specify a total value under item h. above. If there is any item exceeding €235, this needs to be specified below

€	
€	

€

5. Use of Craft

а.	Is the Craft used purely for priv	rate use?	Yes No
	If NO, please give details		
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 single	ehanded cruising?	Yes No
e.	Where is the Craft normally ke	pt during the in commission period (permanent place of mooring)?	
	□ Is it a marina? Yes	No If NO, please give details	
f.		ter use overnight throughout the 'in commission' garage or other location where kept	
g.	Please state exact date of laid u if not in commission for 12 mo	Ip period From From to to	
	Laid up location		
	State nature of supervision	during laid-up period	
h.	If the Craft is 12 months in con will be taken up for maintenan		
5. Ir	surance Cover Requi	rements	
a.	Date from which cover is requi	red to to	
b.	Full Cover Third Party L	iability Only c. Third Party Limit: €250,000 €600,000	Other
d.	Do you require liability to/of w	ater skiers?	Yes No
e.	Do you require cover for sails, n	nasts, 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	d outside Malta? Yes No If YES, please give details	

DECLARATION

OLPPC13008

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 (herinafter "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:

- a. 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;
- b. 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;
- c. 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;
- d. 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;
- e. 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