



# Marine Single Policy Proposal Form

COMPLETE IN INK IN BLOCK CAPITALS

Non Disclosure Warning – Please note that you are under 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 or if in doubt refer to the Company.

*It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request*

Please Note: This insurance must be effected prior to the commencement of the insured transit and does not come into force until the Company has accepted your proposal. You must inform us of any alteration in the risk in the meantime.

## 1. Client Information

Name:

Tel/ Fax No:

Address:

Postcode:

Nature of Business:

ID/Company No.:

## 2. Description of Goods being shipped (include packing, quantity of cartons, container marks/numbers)

Description:

Name of Supplier:

## 3. Transit

From:

To:

Transshipment at:

Name of Vessel:

Estimated Date of Sailing:

Type of Transport:

Full Container Load\*

Groupage

Conventional

Airfreight

Road Trailer\*

Registered Parcel Post

Other (specify below)

\* specify if refrigerated or rag-top -

## 4. Basis of Valuation (Please attach proforma invoice and advise rate of exchange)

Please tick to include:

<input type="checkbox"/>	Cost	€
<input type="checkbox"/>	Freight	€
<input type="checkbox"/>	Insurance	€
<input type="checkbox"/>	10% Over Insurance	€
<input type="checkbox"/>	Duty and/or Levy	€
	Total Sum Insured	€

Premium (for office use)

Rate	%
Basic Premium	€
War & Strikes	€
Overage Surcharge	€
Total Premium	€

## 5. Cover

Cargo Clauses: A

B

C

War & Strikes Clauses:

Yes

No

Bank Interest: Yes

No

If Yes, specify Bank & Branch

Excess

€

Other Conditions and/or Warranties:

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**6. Previous Claims/Losses**      *Please give details of previous claims and insurers*

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**Declaration**

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

I/We have read or have had read over to me/us the contents of this completed proposal form and agree that the above statements are correct and complete and will form the basis of the contract between me/us and Atlas Insurance PCC Limited (the Company). I/We am satisfied with the way the proposal has been completed. I/We confirm that if this form has been completed by an employee or authorised insurance salesman of the Company on my/our behalf such person shall, for that purpose, be regarded as my/our agent and not the agent of the Company. I/We agree to read the policy and be bound by the conditions of the said policy.

**Data Protection Notice**

I/We consent to the processing of any information by the Company or any other members of the Group supplied by myself which constitutes personal data as long as this processing relates to administering my/our insurance proposal and policy; underwriting; handling and settling of claims; detecting, preventing and suppressing fraud and the keeping of statistics.

I/We understand that the Company or any other members of the Group may, in addition, exchange some or all of the information with other insurance companies or the Malta Insurance Association for the above purposes.

I/We understand that when I/We tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies.

I/We authorise the Company and other companies within the Group to keep me/us informed of their products and services, by mail, fax, email or other electronic means. I/We understand that I/we may inform them in writing if I/We do not wish to receive this information.

I/We understand that I/We have the right to request access to, and rectification of, my/our personal data held by any members of the Group by directing my/our request in writing to Atlas Insurance PCC Limited, 48-50 Ta' Xbiex Seafront, Ta' Xbiex MSD 11.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_



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 cells in excess of their assets.

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