# Atlas Plain Sailing Proposal Form



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# Complete in ink in BLOCK CAPITALS.

You are advised to keep a copy of this Proposal Form for your records. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.

**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

iiiipoi	tant Note on values to t	de insured. Do ensur	e that the values	specified in	inis ionn re	nect today's me	arket value.			
1. D	etails of Proposer									
Na	me/Company Name									
	stal Address c. post code)									
Va	t No. (if applicable)			ID Card No	No./Passport No./Co Reg No.					
Oc	cupation of Proposer					Date of Birth				
Tel	ephone No.		Mobile N	0.		Email				
<b>2.</b> Al	bout the Propose	r/User								
a.	Are you the sole regula	r user of the craft?						Yes	No	
	If NO, please give Name and ID Card No. of regu									
b.	b. Do you or any of the regular user/s have a Transport Malta Nautical Licence or the required Licence to navigate the craft? Yes (Please note that cruising outside Maltese coastal waters requires qualifications other than a Nautical Licence)					No				
	Please give details of qu	ualifications								
	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. ever been arrested	, prosecuted, convic	ted of any crime	or is any pros	secution pe	nding?		Yes	No	
	ii. had any type of inst	urance refused or ha	ad any type of pol	licy cancelled	<del>!</del> ?			Yes	No 📗	
	iii. had any special con	ditions imposed by	any insurer?					Yes	No	
	iv. had any loss, accident or claim during the last 5 years in co			connection v	onnection with any watercraft?				No	
	If you have answered YES to any of the above questions, please complete below									
	Name of Driver ID Card No. / Pa		D Card No. / Passp No.	· Date of Birth				Details ous insurers, claim amounts, reasons etc)		
<b>3.</b> Do	etails of Your Craf	ft								
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 ama	ateur built or older t	han 15 years, plea	ase attach a c	ondition/v	alue survey rep	ort			
b.	Main Engine(s) Details									
	Manufacturer of Engine(s)		el & Type d/ outboard)	HP of engine	Seria	l Number(s)	Single or Dual Prop	Year of Build	Fuel	

c.	Auxiliary Engine(s) Details							
	Manufacturer of Engine(s)	Model & Ty (inboard/ out)		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		ler Outboard	Engine Serial No.	Engine HP	Year of Build	Fuel
	of ferider	Manufacture	Engine	- Type & Model			Bulla	
			]					
e.	Other Craft Details							
	i. Where is the craft regist						Г	
	ii. To the best of your know	wledge, has the craft e	ever sustain	ed any damage:	s?		Yes	No
	If Yes, please give details	S						
	iii. Is bottled gas fitted?						Yes	No
	If YES, is copper delivery	_					Yes	No
	iv. State what fire prevention have on board & its location its location in the state of the sta							
	v. Does the craft have a pr (protective covers must be			o place after use	?		Yes	No
	vi. Is the craft fitted with ar		,				Yes	No
	If YES, is it activated whe	en the craft is left una	ttended?				Yes	No
	vii. Date of purchase			New o	r Second Hand	Total P	Price Paid	€
	viii. If any Bank or equivalen		e					
1. V	craft, please state name		oph of the c	raft is required f	or our records			
	ease note that the value must					recoverable		
a.	Hull, gear and equipment in	ncluding inboard mac	hinery				€	
b.	Main outboard engine						€	
c.	Tender hull						€	
d.	Tender engine €							
e.	Auxiliary engine						€	
f.	Trailer						€	
g.	Special Equipment (electron	nic, navigational or co	mmunicatio	on equipment s	pecifically on the craft)	*	€	
h.	Personal effects *						€	
i.	Life raft						€	
j.	Other						€	
					Total	value to be insu	ured €	
	*) Il equipment – if the overall specify a total value under it						total value e	xceeds €2,500,
							€	
							€	
	nal effects - if the overall valu y a total value under item h. a						value exceed	ds €600, please
							€	
							€	

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<b>5.</b> U	Jse of Craft					
a.	. Will the craft be used solely for private please	ure purposes?		Yes No		
	If NO, please give details as cover might not l	oe available				
b.	. Do you require liability to and of water skiers	? (limited to €250,000)		Yes No		
c.	Do you require cover for sails, masts, spars et	c during racing?		Yes No		
	If YES, please provide a value for the sailing of	gear				
<b>6.</b> C	ruising Limits					
	Cruising Limits required (maximum duration of sailing outside Malta is 60 days per trip)					
<b>7</b> . C	raft in Commission and/or Laid U	p period and locat	tion			
a.	. What is the in commission period required? F	rom	to			
b.	b. Where is the craft normally kept after use overnight throughout the in-commission period?  (permanent place of mooring)? please refer to General Exception 10 of the policy					
c.	. Is the craft brought ashore after use overnigh	nt throughout the in-com	mission period?	Yes No		
	If YES, please give the location (full address)					
d.	. If the craft is not in-commission for 12 months:	From	to			
	i. What is the laid up period?					
	ii. Where is the laid up location? (please give full address)					
	iii. What is the nature of supervision at the laid up location?					
<b>8.</b> Ir	nsurance Cover Requirements					
a.	. First period of cover required		to			
b.	. What coverage would you like?		Full Cover Third	Party Liability Only		
c.	Standard Liability Limit is €250,000. Do you	equire a higher liability lir	mit?	Yes No		
	Please specify limit required					
d.	. Is cover for the maiden voyage required?	Yes No	If YES, please give details			
e.	. Is extended transit risk required outside Malt	a? Yes No	If YES, please give details			
Doc	laration					

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.

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 and Privacy Protection**

Atlas Insurance PCC Limited and/or any other subsidiaries of Atlas Holdings Limited or any of its daughter companies (hereinafter 'Atlas', 'Us', 'Our', 'We') are the data controllers, as defined by relevant data protection laws and regulations, of personal data held about you or relating to you and/or to any other person/s whom you insure with Atlas (hereinafter 'Others').

In completing all the forms related to your policies or claims, you confirm your understanding and acceptance of the terms in Atlas's Data Protection and Privacy Statement. You hereby warrant that you have informed Others why We asked for this information and what We will use it for and have obtained the necessary explicit verbal consent.

Atlas collects and processes information about you and Others for purposes which include preparing requested quotations, underwriting and administering the insurance proposal and policy, carrying out its contractual obligations including handling and settling of claims, and preventing or detecting crime (including fraud). Atlas may monitor calls to and from customers for training, guality and regulatory purposes.

Atlas may collect and disclose your and Others' information from/to other entities in order to conduct Our business including:

- managing claims, which may require obtaining data including medical information from healthcare providers (including any public or private hospital or clinic) and/or your employers (for company schemes) and which you hereby authorise;
- · administering policies with insurance brokers or other intermediaries appointed by the policyholder;
- helping Us prevent or detect crime by sharing your information with regulatory and public bodies in Malta or, if applicable, overseas, including
  the Police, as well as with other insurance companies (directly or via shared databases such as the Malta Insurance Fraud Platform), or other
  agencies or appointed experts to undertake credit reference or fraud searches or investigations; and/or
- · Our third party suppliers or service providers to whom We outsource certain business operations.

We will retain data for the period necessary to fulfil the above-mentioned purposes unless a longer retention period is required or permitted by law.

You can withdraw your consent to Atlas processing your personal information which is processed with your consent, e.g. direct marketing, at any time. You have the right to access your personal data and ask Atlas to update or correct the information held or delete such personal data from Our records if it is no longer needed for the purposes indicated above. You may exercise these and other rights held in Atlas's Data Protection and Privacy Statement, by contacting Our Data Protection Officer at The Data Protection Officer, Atlas Insurance PCC Limited, 419 Ta' Xbiex Seafront, Ta' Xbiex XBX 1021 Malta or email <a href="mailto:dpo@atlas.com.mt">dpo@atlas.com.mt</a> Please note, however, that certain personal information may be exempt from such access, correction or erasure requests pursuant to applicable data protection laws or other laws and regulations.

If you and Others consider that the processing of personal data by Atlas is not in compliance with data protection laws and regulations, you and Others may lodge a complaint with Us and/or the Office of the Information and Data Protection Commissioner by following this link <a href="https://idpc.org.mt/report-a-breach/">https://idpc.org.mt/report-a-breach/</a>.

If you wish to view the full Atlas's Data Protection and Privacy Statement, for a better understanding of how We use this data please visit <a href="https://www.atlas.com.mt/legal/data-protection/">https://www.atlas.com.mt/legal/data-protection/</a>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Signature	Date Date					
I confirm my understanding and acceptance of the above.						
With your consent We would also like to use your details to ocevents, products, services, news and tips. Please tick below how	sionally provide you with information about Our special offers, competitions, u would like to receive this information:					
Email Post Phor	SMS					

Your choice will not affect any of the other services We provide to you. Per above you may contact Us at any time if you change your mind.



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Atlas Insurance PCC Limited is a cell company authorised under the Insurance Business Act 1998 to carry on general insurance business and is regulated by the Malta Financial Services Authority. The non-cellular assets of the company may be used to meet losses incurred by the cell in excess of their assets.

# Intermediary