

Atlas Latitude *Proposal Form*



Atlas
Insurance

atlas.com.mt

Complete in ink in BLOCK CAPITALS.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 any of the regular user/s have a Transport Malta Nautical Licence or the required Licence to navigate the craft? Yes ☐ No ☐
(Please note that cruising outside Maltese coastal waters requires qualifications other than a Nautical Licence)

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. ever been arrested, prosecuted, convicted of any crime 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

[illegible]

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

v. Does the craft have a protective cover which is fitted into place after use? Yes ☐ No ☐
(protective covers must be affixed after use when afloat)

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

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

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

4. Value of Your Craft - a dated recent photograph of the craft is required for our records

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 €250 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. Will the craft be used solely for private pleasure purposes?

Yes ☐ No ☐

If NO, please give details (a supplementary proposal form might be required)

- 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 etc during racing?

Yes ☐ No ☐

If YES, please provide a value for the sailing gear

6. Cruising Limits

Cruising Limits required (maximum duration of sailing outside Malta is 60 days per trip)

7. Craft in Commission and/or Laid Up period and location

- a. What is the in commission period required? From

 to

- 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 overnight throughout the in-commission 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?

8. Insurance 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 require a higher liability limit?

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 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.

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, quality 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 dpo@atlas.com.mt. 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.

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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 <https://www.atlas.com.mt/legal/data-protection/>. Kindly note that this is subject to occasional changes including to comply with changing data protection laws, regulations and guidance.

Signature _____

Date

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I confirm my understanding and acceptance of the above.

With your consent We would also like to use your details to occasionally provide you with information about Our special offers, competitions, events, products, services, news and tips. Please tick below how you would like to receive this information:

Email ☐

Post ☐

Phone ☐

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