

Atlas Pet *Proposal Form*



atlas.com.mt

Pet Insurance Proposal Form

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 will prejudice the settlement of any claim or invalidate your policy. Please mention such facts (even if not the subject to 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.

Details of the Proposer

Name and Surname:	<input type="text"/>		
ID Card No/Passport No:	<input type="text"/>		
Business or Occupation:	<input type="text"/>		
Postal address: (including Post Code)	<input type="text"/>		
Tel Numbers:	Residence <input type="text"/>	Work <input type="text"/>	Mobile No. <input type="text"/>
Email address:	<input type="text"/>		

Details of your Pet

a. Name of your pet	<input type="text"/>		
	(please attach a dated photo of pet)		
b. Type of pet	Dog <input type="checkbox"/>	Cat <input type="checkbox"/>	
c. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
d. Microchip Number	<input type="text"/>		
e. Weight in Kg.	<input type="text"/>		
f. Birth date of your pet	<input type="text"/>		
	(if exact date is unknown, please indicate to the closest known month and/or year)		
g. Is your pet a pure breed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please specify breed	<input type="text"/>		
Pedigree Certificate No.	<input type="text"/>		
	(please provide copy of certificate)		
If no, please specify any known mix of breeds:	<input type="text"/>		
Please note that our policy excludes any dog that is, or is crossed with the following types/breeds: American Bandogge / Bandogge Mastiff, American Pit Bull Terrier, American Staffordshire Bull Terrier, Australian Dingo, Dogo Argentino/ Argentinian Mastiff, Boerboel, Bully Kitta, Canary Dog (also known as Perro de Prensa Canarios / Presa Canarios), Cane Corsos, Czechoslovakian Wolfhound, Dogue Brasileiro, Fila Brasileiro, Irish Staffordshire Bull Terrier, Korean Jindo, Japanese Tosa/Tosa Inus, Northern Inuit Dog, Pit Bull Mastiff, Racing (non-retired) Greyhound, Sarloos Wolfhound, Utonagan, Wolf Hybrid, or any other dog that is bred to have the physical and behavioural characteristics of a fighting dog.			
h. Address where your pet resides:	<input type="text"/>		
	(if different from the address of the Proposer)		
i. Purchase price of your pet (please attach proof)	€	<input type="text"/>	
j. Name & address of your pet's Vet:	<input type="text"/>		
	Tel No:	<input type="text"/>	

Insurance Cover Requirements

Please indicate which Plan you would like to purchase: Essential ☐ Premier ☐

Please refer to our summary of cover for the benefits provided in each Plan

Dates of cover required: From To At (time) :

Subject to your application being approved and upon premium payment, cover begins immediately from the date above. Please note that there is a 14 day waiting period from the commencement date before veterinary treatment cover becomes operative.

General Questions

a. Has your pet ever suffered from any medical conditions? Yes ☐ No ☐

If yes, please provide details:

b. Has your pet undertaken any treatment (including surgery)? Yes ☐ No ☐

If yes, please provide details:

c. Are your pet’s vaccinations/boosters up to date as recommended by your vet? Yes ☐ No ☐

If no, please provide details:

d. Has your pet been neutered or spayed? Yes ☐ No ☐

If yes, please provide details:

e. Is your pet used for work? Yes ☐ No ☐

(such as but not limited to security, guarding, track racing or Coursing or while hunting or any other sport)

If yes, please provide details:

f. Has your pet ever caused damage or injury to any third party? Yes ☐ No ☐

If yes, please provide details:

g. Have there been any claims or any on-going claims concerning your pet? Yes ☐ No ☐

If yes, please provide details:

h. Have you

i. had any pet insurance cover in respect of your pet or any other pet? Yes ☐ No ☐

ii. been arrested, received any criminal convictions or have any pending prosecutions other than for driving offences? Yes ☐ No ☐

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

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

If you have answered yes to any of the above, please give full 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.

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 <https://idpc.org.mt/en/Pages/contact/complaints.aspx>

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.



Our Offices

Head Office

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St Paul's Bay

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Luqa

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Żebbuġ

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Mosta

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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