

Atlas Simply Buildings *Proposal Form*

Atlas Simplybuildings 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.

Important Note on Sum Insured: Do ensure that your sum insured adequately represents the rebuilding cost of your building. Otherwise, in the event of a loss, you will be required to bear part of the loss yourself.

1. Details of the Proposer

Name/s	<input type="text"/>		
ID Card No / Passport No	<input type="text"/>	Business or occupation	<input type="text"/>
2nd proposer 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/s <input type="text"/>
First Email address	<input type="text"/>		Date of Birth <input type="text"/>
2nd Email Address	<input type="text"/>		Date of Birth <input type="text"/>

2. Details of your Private Residence

a) Address of private residence to be insured (including post code) - if different from the Postal address above

b) If the garage/s does/do not communicate with the private residence, please specify address

c) How old is the private residence?

d) What are the rebuilding costs of the private residence including fixtures and fittings, interior decorations, boundary walls, pools, patios, drives, tennis courts, garages and any other outbuildings?
This value should include the new replacement costs of any fitted furniture inclusive of fitted appliances, aerials, satellite dishes, PV and solar panels.

€

Value of PV/Solar Panels € *This value is to be included in the total sum insured*

The above value should include the current cost as new inclusive of fitted furniture & appliances, aerials, satellite dishes and PV Panels.

e) If any bank or other financial institution/corporate body is interested in the buildings, please give the name and address. A copy of the policy will be supplied for this purpose.

f) The private residence is a:

Flat ☐ maisonette ☐ terraced house ☐ semi-detached house ☐ detached house ☐ other ☐

If you have ticked 'other' please give details:

g) Is the private residence

i) built of brick, stone or concrete with stone, slate, tile, asphalt, metal or concrete roofs? Yes ☐ No ☐

ii) in an area normally free from flooding and damage due to storm? Yes ☐ No ☐

iii) surrounded by occupied private residences? Yes ☐ No ☐

iv) occupied solely by you and only for residential purposes? Yes ☐ No ☐

v) protected by doors and windows against wind, rain and other elements? Yes ☐ No ☐

vi) complete in every respect including any building works or internal alterations? Yes ☐ No ☐

vii) in a good state of repair? Yes ☐ No ☐

If you have answered No to any of the questions g(i) to g(vii), please give details:

h) Do you store, manufacture or transport any high explosives including pyrotechnic materials (fireworks) in or about the private residence? Yes ☐ No ☐

If yes, please give more details

i) Will the private residence be left unoccupied for longer than 90 consecutive days? Yes ☐ No ☐

If yes, please indicate the number of days required and a separate quotation will be provided

3. Other Questions ('You' means yourself and other members of your family normally residing with you)

a) During the last five years have you suffered loss, destruction or damage or been liable for any accident involving other persons in respect of events which you wish to insure? Yes ☐ No ☐

b) Has any insurer ever imposed special terms on you or declined your insurance at any time in respect of the risks to be insured? Yes ☐ No ☐

c) Have you ever been subject to any declaration of bankruptcy or been convicted of or charged with but not yet tried for any offence other than driving offences? Yes ☐ No ☐

d) Have you any other policies in force covering any of the risks to be insured against? Yes ☐ No ☐

If you have answered Yes to any of the questions 3(a) to (d), please give details:

4. Insurance Cover Requirements

Date from which insurance is required

to

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

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Żebbuġ

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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 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