

AtlasHomePlan
Proposal Form



HomePlan 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 our acceptance of your proposal. Failure to do so may affect 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 will not start until we have accepted your proposal. You must inform us of any alteration in the risk in the meantime.

Important note on sums insured: Do ensure that the values you insure adequately represent the rebuilding cost of your building and the new replacement cost of your contents. Otherwise, in the event of a loss, you will be required to bear part of the loss yourself.

Details of Proposer

Name/s

Proposer 1 ID Card/Passport No business or occupation

Proposer 2 ID Card/Passport No business or occupation

Postal address (incl. post code)

Telephone Nos. home work mobile

1st email address Date of birth

2nd email address Date of birth

Address of private residence to be insured (including post code)

If garage does not communicate please specify address

Date from when insurance is required to

Buildings

Is insurance required? Yes No

1. 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 buildings sum insured*
2. If any bank or equivalent has an interest in the buildings give the name and address
3. Is a copy of the policy required for bank purposes? Yes No
4. Would you like to extend the policy to cover accidental damage to the buildings? Yes No

Contents

Is insurance required? Yes No

1. What is the total new replacement cost of your contents?
Do not include the values insured under the Personal Belongings Section (*if applicable*) €
- If buildings are not being insured, would you like to include:
- the value of fitted furniture, inclusive of fitted appliances Yes € No
 - the value of aerials and satellite dishes? Yes € No
- Notes**
- The above value of contents should include household goods plus personal effects and all valuables (being jewellery and other articles of gold, silver or other precious metals; watches; furs; pictures, paintings and other works of art; collections of stamps, coins and medals). Please make deductions for wear and tear on clothing and household linen.
 - The standard policy limit on valuables overall is one third of the above value of contents up to a maximum of €20,000.
If you require a greater limit specify the amount here: €
 - if you have any single items worth €2,500 and over, please list them here. If any item is over €3,500, we require a professional valuation.

	Description of items to be insured	Value €
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

2. Is the private residence protected by a well maintained burglar alarm system?
If YES give details of installing contractor, date installed and if telephone-linked: Yes No
3. Is your jewellery (including any insured under Personal Belongings cover) kept in a safe when not in use?
If YES, state make, model and year of manufacture: Yes No
4. Do you have iron bars or shutters on all your ground floor and basement, windows/doors?
If NO, please give details: Yes No
5. Would you like to extend your insurance to include accidental damage to your contents?
available only if the contents value is €35,000 or over Yes No

Personal Belongings

Is insurance required?

Yes No

This section provides "All Risks" Cover on Valuables and Personal Effects

available only if the contents value is €25,000 or over

A receipt or a valuation is required for any single item valued at €750 & over

	Description of items	Please choose:		Value €
		Standard Cover (Malta + 15 consecutive days in Europe)	Worldwide (annual)	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
	Unspecified jewellery (being articles of gold silver or other precious metals and/or precious stones intended for the ornamentation of the person or to be worn) and watches (Maximum value per item €350)			
				Total €

Do you wish to include "All Risks" cover on unspecified **Personal Effects***?
An overall limit of €700 applies with a single article limit of €300.

Yes No

* **Personal Effects** are items of clothing and articles of personal use but exclude Valuables and Money. This extension however does not include sports equipment (automatically insured under Contents Section), portable computers, mobile phones, personal organizers, portable digital audio equipment, hearing aids, musical instruments and contact lenses.

Personal Accident

FREE with Contents Insurance

A basic €12,000 benefit applies to the policyholder and each member of the policyholder's family (including a domestic partner and foster children) normally residing with the policyholder with the contents insured. Increased benefits are available on request.

Please would you also complete the following:

1. Is the private residence:
- in an area normally free from flooding and storm damage? Yes No
 - surrounded by occupied private residences? Yes No
 - occupied solely by you and only for residential purposes? Yes No
 - regularly occupied at night including weekends? Yes No
 - protected by doors and windows against wind, rain and other elements? Yes No
 - complete in every respect including any building works or internal alterations? Yes No
 - in a good state of repair? Yes No
 - built of brick, stone or concrete with stone, slate, tile, asphalt, metal or concrete roofs? Yes No

If you have answered **No** to any of questions 1a to 1h, please give details

2. Is the private residence:

- a. a flat or maisonette a terraced house a semi-detached house a detached house?
- b. owner occupied rented to you furnished rented to you unfurnished rented by you to others?

If none of the above apply, please give details:

If the residence forms part of a block, kindly state the total number of dwellings in the block:

3. Is the private residence ever left unoccupied for longer than 90 consecutive days?

Yes No
 days

If YES, state number of days for which policy extension is required:

“You” means Yourself and other members of your family normally residing with you.

4. 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

5. 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

6. Have you ever been subject to any declaration of bankruptcy?

Yes No

7. Have you ever been arrested, have received any criminal convictions or have any pending prosecutions other than for driving offences?

Yes No

8. Do you store, manufacture or transport any high explosives including pyrotechnic materials (fireworks) in or about the private residence?

Yes No

9. Have you any other policies in force covering any of the perils insured against? Are there any other policies that insure your property or part of it?

If you have answered Yes to any of questions 4 -9 please give details:

10. If you have an Atlas motor, boat and/or health policy, please give us the policy number and/or registration number

Space for additional information if required.

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, 48-50 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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Signature _____

Date

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 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 cell in excess of their assets.

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Intermediary