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 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 and have obtained their necessary explicit verbal consent.

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 Protection Notice

Atlas is the controller of personal data held about You and Others under the terms of the Data Protection Act (hereinafter the "Act"). You and Others

- (a) the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitute personal data terms of the Act, insofar as such processing relates to (but not limited to) underwriting and administration of the insurance proposal and policy, handling and settling of claims, detecting and prevention of fraud and the keeping of statics;
- (b) the disclosure by the Group of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, insurance intermediaries, credit reference agencies, the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data;
- (c) the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in para (a) above;
- (d) the Group informing You and Others of their products and services by any means You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive such information;
- (e) the recording of telephone calls for training, security and quality control purposes

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on http://www.atlas.com.mt/Legal/Data_Protection.aspx

Name	Date			
Signature				



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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.

Proposal Form

Atlas**HomePlan**



HomePlan Proposal Form

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Please would you complete in ink the BLOCK CAPITALS. If you require additional space use the space on the end of this application.

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. It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request.

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 Propo					-					
Name/s										
Proposer 1 ID Card/F	assport No					busine	ess or occupation			
Proposer 2 ID Card/F	assport No					busine	ess 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 rebe insured (including										
If garage does not co	ا ommunicate plea	ase specify	y address							
Date from when insi	ırance is required	d L					to			
Buildings							ls	insurance req	uired?	Yes No
What are the reb pools, patios, driv						ıd fittings, ir	nterior decoration	s, boundary wa	alls, €	
This value should	include the new	/ replacen	nent cost	of any fitte	d furniture	inclusive of	fitted appliances,	aerials and sat	ellite dish	es.
2. If any bank or eq							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3. Is a copy of the p	olicy required for	r bank pui	rposes?							Yes No
4. Would you like to	extend the polic	cy to cove	r acciden		e to the bui	ldings?				Yes No
Contents		Available only if the building/s have been built in the last 25 years. 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)							ls	insurance req	uired?	Yes No
					gs Section (if applicable		insurance req	uired? €	Yes No
	ne values insured	under th	e Persona	l Belonging	gs Section (if applicable		insurance req	uired? €	Yes No No
Do not include th	ne values insured ot being insured,	under the	e Persona ou like to i	ll Belonging	gs Section (if applicable		insurance req	uired? € Yes €	
Do not include the	ne values insured ot being insured, ed furniture, inclu	under the would you	e Persona ou like to i	ll Belonging	gs Section (if applicable		insurance req	•	No _
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Do not include the lif buildings are not the value of fitted the value of aeronates. Notes The above value of metals; watches; further services.	ne values insured, of being insured, ed furniture, inclu- rials and satellite contents should in rs; pictures, painting	would you usive of fi dishes? Include hou gs and oth	e Persona ou like to i tted appl sehold go er works o	Il Belonging include: iances ods plus per fart; collection	rsonal effects ons of stamp	and all value os, coins and) ables (being jeweller medals). Please mak	ry and other arti ie deductions for	Yes € Yes of gold	No No , silver or other precious
Do not include the lif buildings are not the value of fitted the value of aerona the v	ne values insured, but being insured, ed furniture, inclu- rials and satellite contents should in rs; pictures, painting	under the would you usive of fi dishes? nclude hou gs and oth overall is o	e Persona ou like to i tted appl sehold go er works o	Il Belonging include: iances ods plus per fart; collection	rsonal effects ons of stamp	and all value os, coins and) ables (being jeweller medals). Please mak	ry and other arti ie deductions for	Yes € Yes of gold	No No , silver or other precious
Do not include the lif buildings are not the value of fitted the value of aer. • the value of aer. • the value of aer. • The above value of metals; watches; furthousehold linen. • The standard policy. If you require a great	ne values insured, of being insured, ed furniture, incluidals and satellite contents should in respictures, painting a limit on valuables after limit specify the	under the would you usive of findishes? Include hour gs and other overall is one amount here.	e Persona ou like to i tted appl sehold go er works o one third of nere: €	Il Belonging include: iances ods plus per fart; collection of the above v	rsonal effects ons of stamp ralue of conte	and all value os, coins and ents up to a n) ables (being jeweller medals). Please mak	ry and other arti e deductions for	Yes € Yes € cles of gold wear and t	No No , silver or other precious
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	the private residence protected by a well maintained burglar alarm system? (ES give details of installing contractor, date installed and if telephone-linked:			Yes No		
	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:					
Do you have iron bars or shutters on all your ground floor and basement, windows/doors? If NO, please give details:						
	ould you like to extend your insurance to include accidental damage to your contents ailable only if the contents value is €35,000 or over	?		Yes No		
his s	onal Belongings ection provides "All Risks" Cover on Valuables and Personal Effects ble only if the contents value is €25,000 or over	Is insura	nce required?	Yes No		
rec	eipt or a valuation is required for any single item valued at €750 & over					
			choose:			
	Description of items	Standard Cover (Malta + 15 consecutive days in Europe)	Worldwide (annual)	Value €		
1						
2						
3						
5						
6						
7						
8						
9						
10						
or	specified jewellery (being articles of gold silver or other precious metals and/ precious stones intended for the ornamentation of the person or to be worn) d watches (Maximum value per item €350)					
<i>n ove</i> Pers quip	nu wish to include "All Risks" cover on unspecified Personal Effects* ? erall limit of €700 applies with a single article limit of €300. Sonal Effects are items of clothing and articles of personal use but exclude Valuable ment (automatically insured under Contents Section), portable computers, mobile pag aids, musical instruments and contact lenses.					
ers	onal Accident		FREE with Co	ontents Insurance		
	ic €12,000 benefit applies to the policyholder and each member of the policyholder's ally residing with the policyholder with the contents insured. Increased benefits are a		mestic partner and	foster children)		
lea	se would you also complete the following:					
. Is t	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		
f.	complete in every respect including any building works or internal alterations?			Yes No		
	complete in every respect including any building works or internal alterations? in a good state of repair?			Yes No Yes No		

f you have answered No to any of questions	1a to 1h, please give details		
. 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 det	ails:		
If the residence forms part of a block, kind	ly state the total number of dw	rellings in the block:	_
. Is the private residence ever left unoccupi		ive days?	Yes No
If YES, state number of days for which poli- You" means Yourself and other members of		ing with you.	days
. During the last five years have you suffered persons in respect of events which you wis	d loss, destruction or damage o		g other Yes No
to be insured?	s on you or declined your insu	rance at any time in respect of the risks	Yes No
. Have you ever been subject to any declara	• •		Yes No
. Have you ever been arrested, have receive driving offences?	d any criminal convictions or h	ave any pending prosecutions other th	ean for Yes No
Do you store, manufacture or transport an private residence?	y high explosives including pyr	otechnic materials (fireworks) in or abo	out the Yes No
. Have you any other policies in force coveri		ainst? Are there any other policies that	insure your property or part of it?
If you have answered Yes to any of question	ns 4 -9 please give details:		
O If you have an Atlantication has to and/only	alah adi ayal ada ada atau ada a		.l
0. If you have an Atlas motor, boat and/or he	earth policy, please give us the	policy humber and/or registration hum	ibei
Space for additional information if requi	rad		
Space for additional information in requir	cu.		