

HomePlan Proposal Form

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 Proposer

Name/s	<input type="text"/>		
Proposer 1 ID Card/Passport No	<input type="text"/>	business or occupation	<input type="text"/>
Proposer 2 ID Card/Passport No	<input type="text"/>	business or occupation	<input type="text"/>
Postal address (incl. post code)	<input type="text"/>		
Telephone Nos.	home <input type="text"/>	work <input type="text"/>	mobile <input type="text"/>
1st email address	<input type="text"/>	Date of birth	<input type="text"/>
2nd email address	<input type="text"/>	Date of birth	<input type="text"/>
Address of private residence to be insured (including post code)	<input type="text"/>		
If garage does not communicate please specify address	<input type="text"/>		
Date from when insurance is required	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	to	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Buildings

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	€ <input type="text"/>	Is insurance required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This value should include the new replacement cost of any fitted furniture inclusive of fitted appliances, aerials and satellite dishes.				
2. If any bank or equivalent has an interest in the buildings give the name and address	<input type="text"/>			
3. Is a copy of the policy required for bank purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
4. Would you like to extend the policy to cover accidental damage to the buildings? <i>Available only if the building/s have been built in the last 25 years.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Contents

1. What is the total new replacement cost of your contents? Do not include the values insured under the Personal Belongings Section (<i>if applicable</i>)	€ <input type="text"/>	Is insurance required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If buildings are not being insured, would you like to include:				
• the value of fitted furniture, inclusive of fitted appliances	Yes <input type="checkbox"/>	€ <input type="text"/>	No <input type="checkbox"/>	
• the value of aerials and satellite dishes?	Yes <input type="checkbox"/>	€ <input type="text"/>	No <input type="checkbox"/>	
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: € <input type="text"/>				
• 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 <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		
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 <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		
4. Do you have iron bars or shutters on all your ground floor and basement, windows/doors? If NO, please give details:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>		
5. Would you like to extend your insurance to include accidental damage to your contents? <i>available only if the contents value is €35,000 or over</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Personal Belongings

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 €				<input type="text"/>

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:		
a. in an area normally free from flooding and storm damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. surrounded by occupied private residences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. occupied solely by you and only for residential purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. regularly occupied at night including weekends?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. protected by doors and windows against wind, rain and other elements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f. complete in every respect including any building works or internal alterations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g. in a good state of repair?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h. built of brick, stone or concrete with stone, slate, tile, asphalt, metal or concrete roofs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

2. Is the private residence:				
a. <input type="checkbox"/> a flat or maisonette	<input type="checkbox"/> a terraced house	<input type="checkbox"/> a semi-detached house	<input type="checkbox"/> a detached house?	
b. <input type="checkbox"/> owner occupied	<input type="checkbox"/> rented to you furnished	<input type="checkbox"/> rented to you unfurnished	<input type="checkbox"/> rented by you to others?	
If none of the above apply, please give details: <input type="text"/>				
If the residence forms part of a block, kindly state the total number of dwellings in the block: <input type="text"/>				
3. Is the private residence ever left unoccupied for longer than 90 consecutive days? If YES, state number of days for which policy extension is required:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	days <input type="text"/>	

"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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you ever been subject to any declaration of bankruptcy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you ever been arrested, have received any criminal convictions or have any pending prosecutions other than for driving offences?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Do you store, manufacture or transport any high explosives including pyrotechnic materials (fireworks) in or about the private residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.