

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 shown this Declaration and the leaflet 'Information for Policyholders' which you have been given 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 by an employee, agent or tied insurance intermediary of Atlas on your behalf, 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 the conditions of the said policy.

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about you or relating to you and/or to any other person/s whom you have insured with Atlas (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act").

By completing the proposal form and purchasing and/or renewing this policy with the Atlas, you and Others (in respect of whom you warrant to have shown this statement and obtained their necessary explicit verbal consent) accept the terms of this statement and hereby consent to:

- (a) the processing of any information by Atlas and/or by any other subsidiary companies of Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (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 statistics;
- (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, the Malta Association of Credit Management (MACM), 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 above-mentioned 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 paragraph (a) above;
- (d) the Group keeping you and Others informed 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 this 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 know the full details of our Data Protection Policy may be found on: http://www.atlas.com.mt/Legal/Data_Protection.aspx and updated from time to time.

Signature of applicant

Date

Name in block letters

Simplybuildings

Atlas Simplybuildings Proposal



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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.

Intermediary



Atlas Simplybuildings Proposal Form

Please would you complete all questions in ink in block letters – A photocopy of this completed and signed proposal form will be given to you with the Policy.

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) State rebuilding costs of private residence including fixtures and fittings, interior decorations, boundary walls and the like, pools, patios, drives, tennis courts, garages and any other outbuildings
 €

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