Mapfre Malta p.l.c.
Middle Sea House, Floriana FRN 1442 Malta

T: (+356) 2124 6262
info@mapfre.mt
Registration Number: C5553

Home Insurance Proposal Form

ALL QUESTIONS MUST BE FULLY ANSWERED

1. APPLICANT/S DETAILS (PLEASE USE CAPITAL LETTERS)

Title:	Name & Surname of Proposer/Company name:
I.D. card no.:	Date of birth:
Gender:	Marital Status:
Company reg. no.:	Nationality:
Passport no.: Place of issue:	Date of issue:
Contact no.:	E-mail address:
Postal address:	
Business or occupation:	
Title:	Name & Surname of joint applicant (if applicable):
I.D. card no. of joint applicant:	Date of birth:
Business or occupation:	

2. GENERAL QUESTIONS

1. Address of property to be insured if different from postal address:

2. Is the property to be insured

☐ Apartment ☐ Penthouse ☐ Maisonette ☐ Bungalow ☐ House of character ☐ Detached
☐ Semi-detached ☐ Terraced _____ Other - please specify

Surrounded by occupied residential units? ☐ Yes ☐ No

☐ Owner-occupied ☐ Rented-furnished ☐ Rented-unfurnished _____ Other - please give details

3. When was your property built?:

4. Is your property:

- In a good state of repair, and will it be so maintained? ☐ Yes ☐ No
  If 'No', give details:
- Occupied by you and your family and used as a private residence? ☐ Yes ☐ No
- Left unoccupied for more than 90 days in a row? ☐ Yes ☐ No

If “YES”, for how many days:

- Built of brick, stone or concrete with concrete roof? ☐ Yes ☐ No
- Used for the hosting of persons other than members of your household for a fee? ☐ Yes ☐ No

- Is your private residence protected by an alarm? Yes No

  If “YES”, please note that the alarm warranty will be in place.

  Please state the type of Alarm:
  Fire Alarm Intruder Alarm Fire and Intruder Alarm

  Name of installing firm:

  Is it subject to an annual maintenance agreement? Yes No

- Is the property currently undergoing renovation or construction work?
  If 'YES', give details:

5. Are you or have you ever been insured for Home Buildings or Contents? Yes No

   If “YES”, please provide details of your current/previous insurers:

6. Have you, or any of the members of your family normally residing with you:

- ever had property insurance declined or had any special conditions or terms been imposed? Yes No
- ever been convicted or charged but not yet tried for any offence other than driving offences? Yes No
- ever sustained any loss/damage/liabilty from any cause within these last five years related to your property?
  Yes No

If “YES”, please provide details:

7. Has your property;

- ever been damaged by storm or flood? Yes No
- ever been subject to a break-in or attempted theft? Yes No

If “YES”, please provide details:

3. BUILDINGS

1. Do you require Buildings Insurance Cover? Yes No
2. What is your building sum insured? (This must be based on the rebuilding cost as new)
3. Is there any other party interested in this policy? Yes No

If “YES” please state Name and Address of any interested parties and nature of their interest:

4. CONTENTS

1. Do you require Contents Insurance Cover? Yes No
2. What is your contents sum insured? (This should be based on the full replacement value as new):
3. What is the current total amount of valuables included in the contents sum insured (question No 2) above?

Specify all single valuable items exceeding €2,500. (Valuables means stamp, coin or medal collections, antiques (not including furniture), collectibles, pictures, paintings and other works of art, items of gold, platinum, silver, or other precious metals, jewellery, watches and furs). No one single valuable item is worth more that €2,500 unless specifically insured as a separate item:

DESCRIPTION	VALUE (€)

- Do you want to cover any one single item of audio, audio visual, home computer and home entertainment equipment which exceeds €2,500 in value? ☐ Yes ☐ No

If "YES", please specify all single items exceeding €2,500 in value:

DESCRIPTION	VALUE (€)

4. Would you like to extend the policy limit on pedal cycles and sports equipment? ☐ Yes ☐ No

If "YES", please provide details:

5. PERSONAL BELONGINGS AND VALUABLES

1. Would you like cover for unspecified personal belongings and valuables up to €1,000? (Limit any one article is €300) ☐ Yes ☐ No

2. If you require cover for specified personal belongings and valuables please specify each item separately hereunder. Please attach recent and updated valuations or receipts of each item

DESCRIPTION	GEOGRAPHICAL AREA	VALUE (€)

IMPORTANT

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

APPLICABLE LAW

Unless agreed otherwise in writing, your insurance policies with Mapfre Malta p.l.c. (hereinafter referred to as the "Company" or "we") shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification, a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response.

HOW TO COMPLAIN

STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of our personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually the best person to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then address the matter to the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of the concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If you are still unhappy, the next step is to put the complaint in writing, addressing it to Complaints Officer, Mapfre Malta p.l.c., Middle Sea House, Floriana FRN 1442 or via e-mail on compofficer@mapfre.mt. Your communication should set out the details, explain what you think went wrong and what you feel would put things right. If you are not happy about writing it, you can always ask one of our staff members to take note of the complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with.

We will promptly acknowledge your complaint in writing and outline the steps we will take to investigate and resolve it. If we are unable to resolve your complaint within 15 working days, we will inform you of the reason for the delay.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact:

Office of the Arbiter for Financial Services
N/S in Regional Road,
Msida MSD 1920,
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@asf.mt
Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that you have a final reply to your complaint from us before approaching them.

PERSONAL DATA PROCESSING

The proposer and/or policyholder is hereby being informed about the data processing that the Data Controller Mapfre Malta p.l.c. will carry out on his/her personal data provided voluntarily, as well as those provided through his/her intermediary, on his/her consultation, insurance application or, if applicable, the contracting of any service or product.

Purposes of processing:	To manage your insurance application and, if applicable, to manage the contract, preparation of a risk profile for actuarial purposes, fraud prevention and investigation, preparation of a commercial profile for the communication of information and advertising about offers for Mapfre Malta p.l.c.'s products and services, as well as centralized management of your relationship with the Mapfre Group.
Legal basis:	Execution of the contract, legitimate interest, compliance with legal obligations and consent.
Recipients:	Data may be disclosed to third parties and/or transferred to third countries in accordance with the terms and conditions stated in the additional data protection Information.
Rights:	Users may exercise their rights of access, rectification, deletion, restriction, objection, including to automated decision making and portability, as detailed in Additional Information on Data Protection.
Additional Information:	You may consult the link to https://www.mapfre.com.mt/privacy-policy/

If the data provided pertains to physical persons other than the data subject, including health data, the latter guarantees that they have the former's consent before providing the data, informing them in advance of the data protection terms set out in this document.

The proposer and/or policyholder confirms that they are over 18 years of age. If the data provided by the data subject refers to children under the age of 18, including health data, as the holder of parental authority or guardianship over the minor, you expressly authorize the processing of such data under the terms established in the additional information.

The proposer and/or policyholder warrants that the personal data provided is accurate and truthful and undertakes to keep it up to date and to inform Mapfre Malta p.l.c. of any changes made to it.

Mapfre Msv Life p.l.c. and Mapfre Malta p.l.c. have entered into a joint control agreement committing to comply with data protection legislation to process their data jointly under the terms detailed in section "9. Joint control amongst Mapfre Group companies" in the link to https://www.mapfre.com.mt/privacy-policy/

☐ I want to receive, including in electronic format, personalized sales communications about products and services, discounts, gifts, promotions, and other advantages from the Mapfre Group and other collaborating companies, and therefore I consent to profiling.

In any case, your consent for processing your data for this purpose is revocable and you may withdraw your consent at any time or exercise any of the rights as described in the link to https://www.mapfre.com.mt/privacy-policy/

CONSENT FOR INFORMATION EXCHANGE

I consent, on my behalf and on behalf of anyone listed in this form, that the Company and its intermediaries or any member of the Group may, for the purpose of preventing, detecting or suppressing fraud or any other reason as compelled by law and for the purpose of administering my insurance proposal and policy and handling and settling claims, exchange some or all of the information including information about my insurance history with Public Authorities, members of the legal or medical profession, insurance undertakings, insurance intermediaries and the Commissioner of Police as may be applicable.

I understand (and have explained to others) that when I inform the Company about an incident that may or may not lead to a claim, the Company may share information related to it with the Malta Insurance Association and/or other insurance companies and intermediaries.

We will ensure that this communication is carried out confidentially and in accordance with the Professional Secrecy Act, 1994 and as permitted under relevant legislation.

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read or have had read to me the contents of the completed proposal form and agree that all the statements I have made and information I have provided are correct and complete in every respect and will form the basis of the contract between me and Mapfre Malta p.l.c [us]. I undertake to notify Mapfre Malta p.l.c of any change in the information subsequent to the submitting of this proposal form. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c reserves the right to repudiate the claim or declare the policy void. I understand and agree that by signing this Declaration I will be bound by the statements and disclosures of material facts herein contained. I confirm that I have received, read and understood the 'Insurance Product Information Document', 'Information for Prospective Policyholders' and the quotation relevant to the product for which I am applying.

Period of insurance required	From:	To:
Signature of applicant:		Date:
Signature of joint applicant:		Date:
Intermediary:		

Mapfre Malta p.l.c. (C-5553) is authorised by the Malta Financial Services Authority (MFSA) to carry on both long term and general business under the Insurance Business Act, Cap. 403 of the Laws of Malta. Mapfre Malta p.l.c. is regulated by the MFSA.