Mapfre Malta p.l.c.
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Registration Number: C5553

Professional Indemnity Proposal
Architects and Civil Engineers – Annual Cover

IMPORTANT NOTE

This Proposal must be completed in full by a Partner of the Firm. Unless the Proposal is fully completed a firm Quotation cannot be given. The completion and signature of this Proposal does not bind the Proposer or underwriters to complete a Contract of Insurance. If there is insufficient space to answer questions please use an additional paper and attach it to the form. The questions must be answered to the best of your knowledge and belief and this form must be signed and dated. This form must be signed and dated. A copy of the proposed policy/certificate wording is available on request. When you receive your quotation you are strongly advised to examine the proposed policy/certificate wordings and make sure that it complies with your requirements. It is your duty to disclose all material facts during the policy period which may influence underwriter's assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable.

ALL QUESTIONS MUST BE FULLY ANSWERED

APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)

Title:	Name & Surname of Proposer/Name of Company:	
Policy Number:	Client Number:	
I.D Card Number:	Company Registration No.:	
Date of Birth:	Nationality:	
Passport No.:	Date of Issue:	Place of Issue:
Contact no.:	Email Address:	
Address of Head Office:		
Address of branch office(s) and name(s) of resident partner(s):		
In which countries do you carry out projects?		

2. GENERAL DETAILS

Details of all practicing principals or partners

Name	Qualifications, dates qualified/ total duration or professional experience.	Position held in company and how long
Total number of principals, partners and staff		
• Principals, partners or officers		
• Other qualified engineers		
• Qualified architechs		
• Surveyors		
• Draughtsmen		
• Other qualified staff (please specify)		
• Trainee staff		
• Total non-technical/ administration staff		

Do you give work to independent firms, subcontractors and/or specialists? YES ☐ | NO ☐
If so, please state kind of work and percentage of fees.

(The professional liability of such independent firm is not covered under the proposed policy).

Are you financially connected with a client? YES ☐ | NO ☐
If so, state name of client:

Does any one contact or client generate more than 25% of the total number annual fees? YES ☐ | NO ☐
Is so, give details

3. NATURE AND VOLUME OF YOUR PRESENT AND FORESEEABLE FUTURE ACTIVITIES.

1. In which of the following professions is your firm engaged?	
a. Civil Engineering	
b. Structural Engineering	
c. Mechenical Engineering	
d. Electrical Engineering	
e. Heating and Ventilating Engineering	
f. Chemical Engineering	
g. Soil Engineering	
h. Other, not shown (please specify)	
2. Division of the firm's activities	**% of Total Fees**
a. Feasability studies, reports, surveys, etc. Please specify projects	%
b. Brigdes and/ or tunnels and roads	%
c. Dams, rivers and ports/ harbours, jetties	%
d. Mines, underground or subaqueous works	%
e. Airports	%
f. Sewerage schemes, water supply	%
g. Foundations and underpinning railway and subway	%
h. Water schemes, agricultural engineering	%
i. Nuclear or atomic projects	%
j. Chemical, petrochemical plans	%
k. Housing schemes, architecture	%
l. High-rise buildings	%
m. Schools, hospitals, municipal buildings	%
n. Industrialised system buildings	%
o. Mechenical plant and bulk handling equipment (Including silos etc.)	%
p. Other works including any specialist activities not shown above (Specify which)	%

3. Responsibilities

a. Design only	%
b. Supervision only	%
c. Design and supervision	%
d. Project management	%

4. Construction Values and fees	Past financial year	Current financial year	Estimate coming financial year
a. Construction values			
b. Gross fees received			

5. List the four largest contracts/ projects performed by your firm during the last five years (brief description including values and fees)

4. FURTHER ACTIVITIES

1. Do you also concern yourself with the sale and administration of real estate? YES ☐ | NO ☐

2. Do you construct and sell houses and flats for your own account? YES ☐ | NO ☐

3. Do you act as a project manager or main contractor? YES ☐ | NO ☐

4. Are you an agent for goods used for construction or do you obtain commission from the sale or distribution of such goods? YES ☐ | NO ☐
   What goods?

5. Are you connected with firms construction houses and flats or with auxiliary firms to the building industry or with other firms as a:
   - Members of the board? YES ☐ | NO ☐
   - Partner? YES ☐ | NO ☐
   - Shareholder (more than 3%)? YES ☐ | NO ☐

   Names of firms and activities:

6. Do your activities include giving expert opinions? YES ☐ | NO ☐
   Also for local and state authorities? YES ☐ | NO ☐

   If “Yes”, Please provide details.

7. Do you act as a Site Technical Officer (STO)? YES ☐ | NO ☐
If "Yes", do you hold the required licence and qualifications, in line with local regulations, to act as an STO?

5. PREVIOUS CLAIMS

Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?
YES ☐ | NO ☐

If so please give details:

a. Has the firm sustained any loss through fraud or dishonesty of any employee? YES ☐ | NO ☐
b. Is any employee allowed to sign cheques without counter signature by a partner? YES ☐ | NO ☐

If "Yes", please provide details

6. INDEMNITY REQUIRED

Limit any one claim:

Aggregate Limit:

Deductable each and every claim to be borne by insured:

7. STANDARD EXTENSION TO BASIC COVER

The following extention is automatically applicable to your cover at no additional premium

RUN OFF Cover (5 years)

8. EXTENSIONS TO BASIC COVER

Retroactive Cover? YES ☐ | NO ☐

If so, indicate number of years:
(maximum number of years – 5 years):

Loss of Documents? YES ☐ | NO ☐

Libel and Slander? YES ☐ | NO ☐

Dishonesty of Employees? YES ☐ | NO ☐

If so, please answer the following question:

a. Has the firm sustained any loss through fraud or dishonesty of any employee? YES ☐ | NO ☐
b. Is any employee allowed to sign cheques without countersignature by a partner? YES ☐ | NO ☐

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:	
Signature of Applicant:	Date:
Intermediary **Please attach a brochure concerning your firm.*	

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.